

BOROUGH



OF HYDE.

ANNUAL REPORT

OF THE
MEDICAL OFFICER
OF HEALTH,
SCHOOL MEDICAL
OFFICER, ETC.

1928.

JOHN M. GIBSON, B.A.,
M.D., D.P.H.

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ANNUAL REPORT


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Medical Officer of Health

SCHOOL MEDICAL OFFICER;
MEDICAL OFFICER TO THE MAT-
ERNITY AND CHILD WELFARE
COMMITTEE; MEDICAL SUPER-
INTENDENT OF THE ISOLATION
HOSPITALS AND THE TUBERCUL-
OSIS PAVILION; AND POLICE
SURGEON.

FOR THE YEAR
1928.

JOHN M. GIBSON, B.A., M.D., B.Ch., D.P.H.,
Fellow of the Society of Medical Officers of Health,
Member of the Royal Sanitary Institute, and Member of
the British Medical Association.



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BOROUGH OF HYDE.

COMMITTEES, 1928.

Health Committee.

Chairman—ALDERMAN W. FOWDEN.

Vice-Chairman—COUNCILLOR G. H. D. PICKTHALL.

His Worship the Mayor (Councillor Allen Shaw, J.P.).

Alderman James Hibbert, J.P.

Councillor F. Whalley,

Councillor Rev. J. S. Burgess,

„ G. Hopwood,

„ A. Holland,

„ J. Watt.

Health (Hospitals) Sub-Committee.

Chairman—ALDERMAN W. FOWDEN.

Vice-Chairman—COUNCILLOR G. H. D. PICKTHALL.

His Worship the Mayor (Councillor Allen Shaw, J.P.).

Alderman James Hibbert, J.P.

Councillor Rev. J. S. Burgess.

Councillor F. Whalley.

Maternity and Child Welfare Committee.

Chairman—ALDERMAN W. FOWDEN.

Vice-Chairman—COUNCILLOR G. H. D. PICKTHALL.

His Worship the Mayor (Councillor Allen Shaw, J.P.).

Alderman James Hibbert, J.P.

Councillor J. L. H. Slater,

„ P. Hibbert,

„ F. Whalley,

Councillor Rev. J. S. Burgess,

Mrs. Adamson,

„ J. Watt,

„ Graham,

„ A. Holland.

„ Johnson,

„ G. Sidebottom,

„ Rogers,

Dr. James Howard,

„ Rose,

Councillor G. Spencer,

Miss E. Priestley.

Education Committee.

Chairman—Councillor REV. J. S. BURGESS.

Deputy-Chairman—COUNCILLOR G. SPENCER.

His Worship the Mayor (Councillor Allen Shaw, J.P.).

Alderman W. Fowden.

Mrs. Beeley,

„ Joseph Hibbert.

Mrs. Cooper.

Councillor A. Holland,

Mr. C. T. Billinge.

„ G. H. D. Pickthall,

Mr. J. B. Davenport, J.P.

„ G. Sidebottom,

Rev. H. J. Graham, M.A.

„ R. Breerton,

Miss Dowson.

„ T. N. Bedford,

Watch Committee.

Chairman—ALDERMAN P. HIBBERT.

His Worship the Mayor (Councillor Allen Shaw, J.P.).

Alderman S. Fawley,

Councillor G. Goodfellow,

„ Joseph Hibbert,

„ Rev. J. S. Burgess.

„ James Hibbert, J.P.

„ A. Winterbotham,

Councillor T. Middleton, J.P.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health ; School Medical Officer ; Medical Officer to the Maternity and Child Welfare Committee ; Medical Superintendent Isolation Hospitals ; Medical Superintendent Tuberculosis Pavilion ; and Police Surgeon to the Hyde Borough Police :—

*JOHN M. GIBSON, B.A., M.D., Ch.B., D.P.H.

Assistant Medical Officer of Health :

*MARY EVANS, M.B., Ch.B., D.P.H.

School Dentist :

*MISS MURIEL C. ROBERTSON, L.D.S. (Appointed, July, 1928).

Borough Isolation Hospitals :

Matron :

MISS E. PRIESTLEY.

Deputy-Matron :

MISS D. M. WARBURTON.

Health Visitors and School Nurses :

* x†† MISS A. SHUTTLEWORTH.

* x†† MISS A. A. HOWORTH (Resigned, Sept., 1928).

* x†† MISS J. PATERSON.

* x‡ MISS I. BURRILL (Appointed December, 1928).

Sanitary Inspectors :

* FRED ALLSOP, M.S.I.A.

* HARVEY J. MILES, A.R.S.I. (Deceased, Sept., 1928).

* ERNEST VAUGHAN, M.S.I.A. (Appointed, October, 1928).

HUBERT PIKE, M.S.I.A. (also Chief Clerk).

Clerical Staff :

Maternity and Child Welfare and School Medical Clerk :

* MISS GERTRUDE H. STAMP.

Junior Clerk MISS ADA NORRGROVE.

Dental Clerk* MISS EDITH GLADYS PEARSON.
(Appointed July, 1928).

† Health Visitors' Certificate, Royal Sanitary Institute.

x State Registered Nurse.

‡ Certificate of Central Midwives Board.

* Salaries subject to Exchequer Grants.

Public Health Department.

Town Hall, HYDE,

May, 1929.

To His Worship the Mayor, Aldermen and Councillors of
the Borough of Hyde.

Mr. Mayor, and Gentlemen,

I have the honour to present to you my Annual Report for the year 1928. This report is an ordinary one of the five yearly series. It is modelled on lines indicated by the Board of Education and the Ministry of Health, and gives a resumé of all the Public Health activities of the Borough.

The publication of the Health and School Medical Reports as one comprehensive report is an indication of the fact that these services are not regarded as distinct entities; they are merged on the contrary into a single service.

Maternity and Child Welfare work, School Medical work, and general Public Health work, have all as their aim the prevention of disease and an improvement in the health standard of the community. They cannot be cut off from one another by clean cut divisions for disease in its invidious onslaught recognises no such barriers. In estimating the immunity of a herd, or community, we must take into account the resistance of all its individuals, whether they be young or old. Moreover all the health services are mutually dependent upon one another for their efficiency and success. The health of the school child is influenced largely by the care and attention that have been given to the baby and the toddler; the physical strength of the adult is, as a rule, an index of the attention paid to the physiological needs of the youth.

The Birth rate and Death rate during the past year were both slightly higher than in 1927, but the infant mortality rate was again for the second year in succession the lowest on record. The rate recorded last year, namely 54.5 per thousand, is one which a few years ago would have been considered unattainable.

So far as Infectious Disease is concerned, the year was characterised by the absence of epidemics, for comparatively few cases of either notifiable or non-notifiable types of Infectious Disease were brought to notice. Smallpox, Typhoid Fever, and the various diseases of the Nervous System, such as Cerebro-Spinal Meningitis, Poliomyelitis, Encephalitis, etc., were entirely absent, and as shown in the report the prevalence of Scarlet Fever, Diphtheria, Puerperal Fever, etc., were well below the average.

A glance at the statistics embodied in this and in previous reports will show that the attendances at the various Clinics, Centres, etc., are yearly becoming greater—an indication that the value of the services rendered is becoming more widely appreciated, whilst the results recorded encourage one to believe that the work carried out is asserting its influence in maintaining and uplifting the general health standard.

The only extension of the Public Health Services carried out during the year was the appointment of a whole-time dentist for the Boroughs of Hyde and Glossop. As a result of this appointment the time available for treating school children has been increased roughly four-fold, and dental treatment has been made available for children under school age and for nursing and expectant mothers.

Our schemes for providing treatment or assistance in necessitous cases, or in cases where such treatment could not be obtained otherwise, are now very extensive, but they can never be regarded as complete, for there are always special features which call for further consideration. In this report attention is directed to the need for a Maternity Home, which experience in other districts has shown to be not only a boon to the mothers, but a valuable aid in the reduction of maternal and infantile mortality.

In submitting the report I again place on record my sincere thanks to the Council generally, and particularly to the Chairmen of Committees with whom I have been most closely associated for their continued support and encouragement. To the Town Clerk also and to all other Corporation officials I am much indebted for their help and hearty co-operation in every phase of my work. Lastly I gratefully acknowledge the loyalty and valuable service rendered by all the members of the Public Health, School Medical, Hospital, and Office Staff.

I have the honour to be,

Your obedient servant,

JOHN M. GIBSON.

GENERAL STATISTICS.

Area (in acres)	3,080.
Population (Census 1921)	33,437.
Population (Census 1921, amended)	34,130.
Population (Registrar General's estimate for 1928)	32,440.
Number of inhabited houses in 1921	8,394.
Number of inhabited houses in 1928	8,891.
Number of families or separate occupiers in 1921	8,018.
Density of population, i.e., number of persons per acre	10.7.

	Land.	Buildings.	Total.
Rateable Value (including Government Property), in 1927	£2460 ...	£186,916 ...	£189,376
Rateable Value (including Government Property), in 1928	£2,448	£189,627 ...	£192,075.
Sum represented by a penny rate in 1927			£710.
Sum represented by a penny rate in 1928			£717.

The population given for the year 1928 is 450 less than that given for 1927, and it will be seen that it is 1,690 less than in the year 1921, when the last census was taken. The figures given were supplied by the Registrar General, and must therefore be accepted as the official figures, to be used in calculating the birth and death rates. In accepting them, however, it is necessary to point out that an estimate of this kind is liable to very great error, and there is good reason to believe that the reduction in the population, if there is a reduction at all, must be less than the amount here indicated.

The Registrar General's estimate is based upon the 1921 Census "after allowance for the births, deaths and migration which occurred between the census date and the 30th June last," but in forwarding the figures he admits that his estimate can only be an approximate one in view of the fact that he has no definite information regarding migration between localities. This is obviously an important factor, and in its absence some provision must be made to allow for it, but it is difficult to understand how the present estimate has been obtained, for any statistics available would suggest an increase rather than a decrease. For example, omitting the years 1918 and 1919, which were exceptional, our records show that although the birth rate and the death rate have been gradually approaching each other, the former has always been the greater. Or again, if we consider the housing accommodation, we find that during the last two years alone 308 new houses were erected—an increase in accommodation which must have influenced the population as a whole to some extent at least. Moreover, the Annual Report of the County Medical Officer of Health shows that the population of the County as a whole has increased by roughly 38,000 since the Census, and districts such as Crewe and Macclesfield are stated to be increased by roughly 1,000 each. It is surprising, therefore, to find that the population of Hyde, in common with that of Dukinfield and Stalybridge, is reckoned to have dropped so considerably.

CHIEF OCCUPATIONS AND THEIR INFLUENCE ON PUBLIC HEALTH.

Below are shown all the occupations at which more than 500 persons were employed when the last census was taken in the year 1921. Tabulated with the various occupations are the numbers of deaths of employees in each group recorded during the past three years, with the average death rates per thousand during these years. It will be

noted that the highest mortality recorded is amongst “makers of dress,” but the numbers under consideration are too small to be regarded as an index of the influence of this occupation upon the health of its workers; moreover earlier statistics demonstrate that the deaths under this heading in the years 1927 and 1928 were exceptionally high. The occupations enumerated on this list show that the area is essentially industrial; collectively they lead to overcrowding and atmospheric pollution which are harbingers of disease, but there is no evidence to show that any particular trade or occupation exercises an injurious influence upon the health of its workers.

Occupations at which more than 500 persons were employed in 1921.	Number in		Deaths in				Average death rate per 1,000 for past 3 years.
	1921	1926	1927	1928			
Textile Workers...	6477	39	27	45			5.7
Metal Workers...	1819	9	16	16			7.7
Makers of Dress ...	1451	9	29	16			12.4
Commercial Occupations ...	1177	1	6	1			2.5
Transport Workers ...	838	12	4	3			7.1
Personal Service.....	834	2	9	5			5.9
Clerks and Draughtsmen..	894	6	2	2			3.7
Boilermakers, etc....	699	6	3	6			7.1

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.
BIRTHS DURING 1928.

Legitimate ...	Males 223, Females 212.	Total 435.
Illegitimate...	Males 13, Females 10.	Total 23.
		458.

Birth Rate ... 11.1.

DEATHS.

Males 214, Females 237, Total 451.
Death Rate ... 13.9.

Number of women dying in, or in consequence of, childbirth,	
From Sepsis ...	Nil.
From other causes ...	3.

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

	Number of Deaths.	Deaths per 1,000 Births.
Legitimate ...	24	57.4.
Illegitimate ...	1	13.4.
Total ...	25	54.5.
Deaths from Measles (all ages)...		6.
Deaths from Whooping Cough (all ages) ...		1.
Deaths from Diarrhoea (under 2 years of age) ...		2.

TABLE 1.—MONTHLY AND WARD DISTRIBUTION OF BIRTHS FOR THE YEAR 1928 (LOCAL RETURNS).

Month.	Hyde.	Newton.	Godley.	Total.	
January... ..	21	6	3	30	104
February	20	11	1	35	
March	23	15	1	39	
April... ..	29	10	1	40	105
May... ..	23	13	—	36	
June... ..	22	5	2	29	
July	23	7	2	32	107
August	29	5	1	35	
September	29	10	1	40	
October	24	7	—	31	107
November	25	9	—	34	
December... ..	31	10	1	42	
	299	108	16	423	423

TABLE 2.—ILLEGITIMATE BIRTHS 1928 (LOCAL RETURNS).

Ward.	Boys.	Girls.	Total.
Hyde	9	5	14
Newton	1	1	2
Godley	—	—	—
	10	6	16

TABLE 3.—COMPARISON OF LOCAL BIRTH RATE WITH THAT OF ENGLAND AND WALES.

Year.	Population.	No. of Births.	Birth Rate.	England and Wales.
1901	32,766	815	24.82	28.5
1902	33,048	858	25.96	28.5
1903	33,379	855	25.61	28.5
1904	33,687	812	24.10	28.0
1905	33,866	757	22.35	27.3
1906	34,033	781	22.93	27.2
1907	34,165	748	21.89	26.5
1908	33,459	827	23.99	26.7
1909	34,669	721	20.79	25.8
1910	34,833	723	20.75	25.1
1911	34,497	744	22.48	24.4
1912	33,728	770	22.91	23.8
1913	33,922	722	21.4	23.9
1914	34,084	689	20.36	22.2
1915	32,655	606	18.67	21.8
1916	31,476	628	18.34	21.6
1917				
1918	34,042	498	14.6	17.7
1919	33,908	515	15.18	18.5
1920	33,444	739	21.7	25.4
1921	34,130	699	20.4	22.4
1922	34,110	565	16.5	20.6
1923	34,030	561	16.4	19.7
1924	33,770	497	14.7	18.8
1925	33,500	479	14.2	18.3
1926	32,910	459	13.7	17.8
1927	32,890	432	13.1	16.7
1928	32,440	458	14.1	16.7

STILL BIRTHS.—The number of Still Births in 1928 was 23.

BIRTHS FOR THE YEAR 1928.

Particulars concerning the births for the year are given in Tables I and II, whilst a comparison between the birth rate in Hyde with that of England and Wales since the beginning of the century is shown in Table III. It will be noted that the totals of Tables I and II do not correspond with those supplied by the Registrar General, for these tables are made from local returns, and do not include births of babies which occur in outside districts. As there is no maternity home, nor indeed a hospital of any kind, in Hyde apart from the Infectious Diseases Hospital, there are always a few babies born every year to Hyde parents in institutions situated outside of the Borough, and these are transferred to the Hyde births by the Registrar General. Table 3 is of interest in showing how steadily and rapidly the birth rate has fallen since the beginning of the century not only in Hyde but throughout England and Wales as a whole. An extraordinary feature of the table is the consistent way in which the birth rate for Hyde has remained roughly 3 points lower than the general birth rate. It will be noticed that the number of births during 1928 showed a slight increase over the previous year for the first time since the period which followed immediately after the war.

DEATHS FOR THE YEAR 1928.

The total number of deaths during the year was 451, giving a death rate of 13.9, which is shown in Table 6 to be slightly higher than that of the previous two years. A comparison of the birth rate with the death rate since the year 1901 is shown diagrammatically on page 14. Both rates have fallen greatly and fairly steadily during this period, the fall in the birth rate being the more rapid, with the result that both are now about the same level. The effect of the war is shown on the birth rate curve by a rapid fall during the year 1915, 1916, 1917 and 1918, with a sudden jump immediately afterwards. The most noteworthy interruption in the death rate fall occurred in the year 1918 as a result of the severe Influenza Epidemic. The years 1918 and 1919 were the only years in the history of the Borough when the death rate exceeded the birth rate, but the steady approach of the birth rate and death rate curves to each other as shown on page 14, is an indication that in future years we may expect to find the death rate frequently higher than the birth rate; we will have to refer them to the "natural decrease" of the population instead of the "natural increase." Of course the actual population of an area such as this is not so dependent upon the relationship between the births and deaths as it is upon the conditions of trade and employment. It is still more dependent upon the housing accommodation of the district, for with the excellent transport facilities which prevail to-day, migration to or from any particular area is largely influenced by the number of its houses.

Tables 4 and 5 show the causes of death and the monthly and ward distribution. It will be seen from Table 4 that diseases of the heart and circulation continue to occupy the premier position amongst the "captains of death." This is not surprising, for no matter to what extent the expectation of life may be raised, the human machine must become frail with increasing years, and the part one might expect to show first of all the signs of strain is the pumping system which has functioned for so many years without ever receiving a minute's respite.

Next to Heart Disease on the list comes Cancer, or Malignant Disease, which for some reason, at present unknown, is undoubtedly increasing. It has been pointed out that a slight increase must be expected, for people on the whole live longer now than they used to do, and cancer is essentially a disease of the old. It has also been suggested that the increase recorded is not an actual increase, but

simply due to improved methods of diagnosis. The increase recorded, however, is too great to be accounted for by either or both of these factors, and although an enormous amount of money and time have been expended in investigating the subject, it has to be admitted that the cause of the increase, and indeed the actual cause of the disease itself, remain enveloped in mystery. It is definitely known that chronic irritation is often associated with the appearance of malignant growths, but irritation and injury are of such frequent occurrence during the course of everyone's life that the irritation theory by itself cannot be accepted as satisfactory. There must be some other factor associated with it, the nature of which is not yet fully understood.

With the cause unknown, any suggestions that can be offered with a view to preventing the onset of disease of this type must necessarily be haphazard and unsupported by scientific knowledge. Nevertheless whilst the onset cannot be prevented, much can be done **if patients will seek advice early**, to prevent serious consequences from developing. There is no need to emphasise the dangers of cancer, for the public realise only too well that it can have, if untreated, only one termination. What they do not realise is that treatment in the earliest stages offers an excellent prospect of cure, and unfortunately their dread of the word cancer often induces them to delay seeking advice, even when they suspect its presence, until that early stage, with its hopeful outlook, has passed.

An important Committee, appointed by the Ministry of Health, has been investigating for several years the causation, prevention and treatment of cancer, and their findings have been published from time to time in the form of Circulars from the Ministry. The results of various forms of treatment have been investigated and summarised, but the one outstanding pronouncement is that treatment to be beneficial must be given early. They have shown, for example, that cancer of the breast (the part of the body most frequently attacked), need not be considered at all a serious condition if treatment is sought at the early stage when a small hard swelling is first detected, for of patients subjected to early operation, 94 per cent. were alive and well at the end of three years, 91 per cent at the end of five years, and 87 per cent at the end of ten years.

Last year's local return shows that next in order of frequency to diseases of the Circulatory System and Cancer come Bronchitis, Nephritis and Tuberculosis, with 24 deaths from each. The only other disease, which caused more than 20 deaths during the year, was Pneumonia, which is always a most serious disease when contracted by those at the two extremes of life—the occupants of the cradle and the fireside armchairs.

TABLE 4.—REGISTRAR GENERAL'S RETURN TABLE.

Causes of Death.		Males.	Females.
All Causes	...	214	237
Measles	...	3	3
Scarlet Fever	...	—	1
Whooping Cough	...	1	—
Diphtheria	...	1	1
Influenza	...	8	5
Encephalitis Lethargica	...	—	1
Tuberculosis of respiratory system	...	10	11
Other tuberculous diseases	...	1	2
Cancer, malignant disease	...	29	30
Rheumatic Fever	...	1	1

Diabetes	3	.....	7
Cerebral Haemorrhage, etc....	12	.....	15
Heart Disease...	32	.....	51
Arterio-sclerosis	24	.....	15
Bronchitis	12	.....	12
Pneumonia (all forms)...	14	.....	8
Other respiratory diseases...	—	.....	1
Ulcer of stomach or duodenum ...	3	.....	—
Diarrhoea, etc. (under 2 years) ...	2	.....	—
Appendicitis and Typhlitis	1	.....	1
Cirrhosis of Liver	1	.....	—
Acute and Chronic Nephritis	9	.....	15
Accidents and diseases of pregnancy and parturition	—	.....	3
Congenital debility: malformation; premature birth	9	.....	5
Suicide	3	.....	2
Other deaths from violence...	7	.....	7
Other defined diseases...	28	.....	40

The monthly and ward distribution of deaths is given in the following table:—

TABLE 5.—DEATHS 1928, MONTHLY AND WARD DISTRIBUTION.

Month.	Hyde, Newton, Godley.			Month.	Total Quarter.
January	26	4	—	30	111
February	25	13	4	42	
March... ..	29	7	3	39	
April... ..	12	2	2	16	176
May	14	14	—	28	
June... ..	28	3	1	32	
July	19	3	1	23	59
August	16	5	1	22	
September	9	4	1	14	
October	17	5	2	24	75
November	16	3	1	20	
December... ..	19	12	—	31	
Outside Districts	93	33	2	128	128
	—	—	—	—	—
	323	108	18	449	449

TABLE 6.—COMPARISON OF LOCAL DEATH RATE WITH THAT OF ENGLAND AND WALES AND OTHER TOWNS.

	1924.	1925.	1926.	1927.	1928.
HYDE	11.0	14.2	12.5	12.4	13.9
ENGLAND & WALES	12.2	12.2	11.6	12.3	11.7
156 SMALLER TOWNS	11.2	11.2	10.6	11.3	10.6

INFANT MORTALITY.

The deaths of infants under one year of age, their causes, and their monthly and ward distribution, are shown in Tables 7, 8, and 9. For the second year in succession the infant mortality rate (54.5) is the lowest ever recorded in the area, and compares favourably with that of England and Wales as a whole, which was 65. The significance of such a low mortality rate is appreciated to some extent when it is realised that, if the rate which obtained 25 years ago were still in operation, the number of deaths of infants last year would have been approximately 80 or 90 instead of 25. The full significance cannot be estimated, for conditions which were responsible for such a high mortality must have caused also much disease and suffering among those who survived, and the improvement now recorded represents therefore not only a great saving of young lives, but a general uplifting of the juvenile health standard. It is doubtful if we can hope to reduce the infantile death rate much below its present figure, for we are now approaching the "irreducible minimum." There must always be a certain number of deaths which cannot be prevented. For example in the three cases where the cause of death is stated in last year's returns to be "Congenital Deformity," two of the children had mal-development of the spine (Spina Bifida)—a condition which leads to paralysis, and sooner or later to premature death; the third had a congenital heart defect which upset the whole circulatory system—a type of defect which medical science can do nothing either to prevent or remedy. A few of the deaths, of course, can still be classified as preventable, but the majority of those recorded can be influenced more effectively by attention to the expectant mother rather than by post-natal care of the child, for they are the result either of conditions which must have been in operation before birth or of injuries received at the time of birth. It has been pointed out for example that many of the deaths recorded under the vague classification of convulsions are in reality due to injury of the brain, caused by difficult labour, and could therefore be lessened by ante-natal care. Again causes such as premature birth, asthenia, congenital debility, and marasmus are, in most cases, a direct result of some diseased condition of the mother, which acted adversely upon her unborn child. It will be noted in table 8 that as many as 11 of the 25 deaths were of infants less than one week old, and that all of these were due to causes of this description.

TABLE 7.—DEATHS OF INFANTS (UNDER ONE YEAR OF AGE).

REGISTRAR GENERAL'S RETURNS.

DEATHS OF INFANTS.

	Males	Females.
Legitimate... ..	16	8
Illegitimate	1	—
Total	17	8
Total number of deaths of infants...		25.
Infant Mortality Rate... ..		54.5.

BIRTH RATE

DEATH RATE

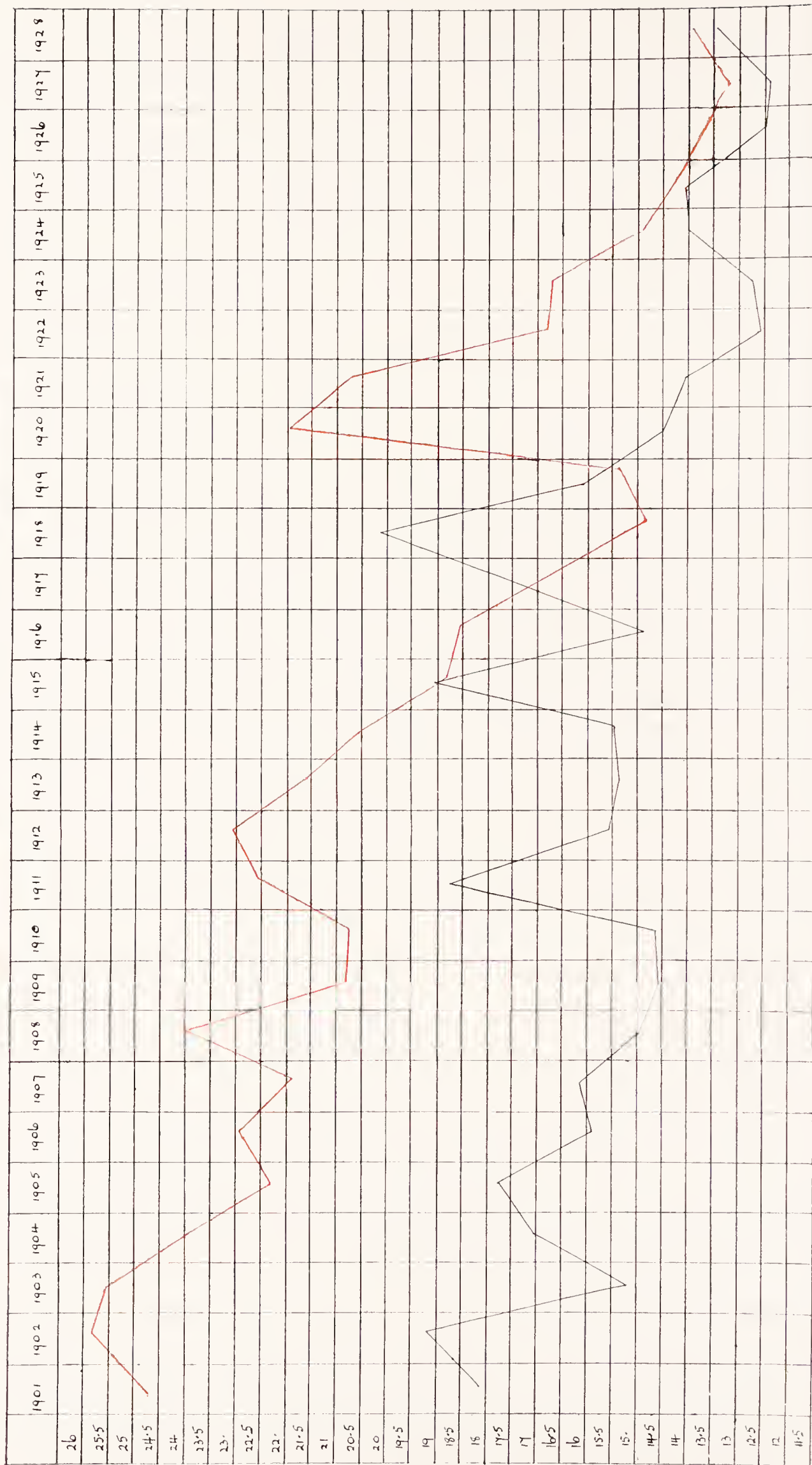


TABLE 8.—INFANT MORTALITY DURING THE YEAR 1928.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

Causes of Death.	Total under 4 Weeks.					Total under 4 Weeks and under 3 Months.				Total Deaths under 1 Year.
	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	4 Weeks and under 3 Months.	3-6 Months.	6-9 Months.	9-12 Months.		
Measles	
Whooping-Cough	
Meningitis (non-Tuberculous) or abscess on brain	
Tuberculous Meningitis	
Infective Enteritis or Diarrhoea	
Congenital Specific Disease	
Influenza	
Suffocation	
Premature Birth	8	...	...	...	8	...	...	...	8
Asthenia, Debility & Marasmus	3	...	1	...	4	...	...	...	6
Congenital Deformity	2	2	...	1	3	
Convulsions	1	1	1	1	3	
Bronchitis	1	...	...	...	2	
Pneumonia (all forms)	1	2	3	
All Causes.—Certified	11	...	1	...	12	4	2	4	25	

TABLE 9.—DEATHS OF INFANTS UNDER ONE YEAR OF AGE DURING THE YEAR 1928.
MONTHLY, QUARTERLY, AND WARD DISTRIBUTION.

Month.	Hyde.	Newton.	Godley.	Month.	Total quarter.
January	3	—	—	3	9
February	1	2	—	6	
March	—	—	—	—	
April	2	—	—	2	7
May	1	2	—	3	
June	1	—	1	2	
July	—	—	—	—	2
August... ..	1	—	—	1	
September... ..	1	—	—	1	
October... ..	—	—	—	—	2
November	—	1	—	1	
December... ..	1	—	—	1	
Outside Districts	1	—	1	5	5
	—	—	—	—	—
	18	5	2	25	25

INQUESTS.

25 Sudden Deaths occurred in the District during the year, and 14 of these were investigated by a Coroner's enquiry.

The Certified causes of deaths were as under:—

Accidental Death 5

Suicide:

Coal Gas Poisoning... .. 1
Hanging... .. 1
Cutting Throat 1
Drowning... .. 1

Total 4

Natural Causes:

Heart Disease... .. 12
Pneumonia 1
Influenza 1
Cerebral Haemorrhage 1
Bronchitis 1

The number of deaths certified by medical practitioners and inquest cases for 1928 were:—

Certified by Medical Practitioners... .. 429
Certified by Coroner 20

Of the 128 transferable deaths, 115 were certified by a Hospital Surgeon, and 13 by the Coroner.

General Provision of Health Services in the Area.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.

(1) For Fevers:

The Hyde Borough Isolation Hospital has been fully described in previous reports. Briefly stated its chief particulars are as follows:—

Extent: 13.8 acres.

Buildings: Administrative Block; Medical Officer's Residence; Residence for Night Staff; Porter's Lodge; 4 Pavilions each containing 2 large and 2 small Wards; Observation Block, containing 2 Wards; Discharge Block; Laundry; Garage; etc.

Beds: 69, of which 33 are reserved for cases of advanced Tuberculosis.

Population served by Hospital: Roughly 124,000.

AUTHORITIES, IN ADDITION TO HYDE, SERVED BY THE HOSPITAL AUTHORITIES.

Authority.	Population.	Number of beds for which retain- ing fees are paid.
Bredbury and Romiley U.D.C.	9,260	3
Dukinfield M.B.... ..	19,493	3
Compstall U.D.C.	968	1
Disley R.D.C.	3,022	1
Hazel Grove and Bramhall	10,125	2
Marple U.D.C.	6,608	2
Yeardsley-cum-Whaley	1,698	1
Audenshaw U.D.C.	8,050	2
Drolydsen U.D.C.... ..	14,150	3
Denton U.D.C.	18,020	4

(2) For Small-Pox:

The hospital reserved for cases of Smallpox was originally the Isolation Hospital for the Borough. It contains 40 beds, with accommodation for staff, etc., and has room for extension if required. It is maintained by the Hyde Council, but serves a population of over a quarter of a million. The following authorities pay retaining fees:—

Stockport C.B., Bredbury and Romiley U.D.C., Dukinfield M.B., Disley R.D.C., Hazel Grove and Bramhall U.D.C., Macclesfield R.D.C., Marple U.D.C., Yeardsley-cum-Whaley R.D.C., Drolydsen U.D.C., and Denton U.D.C.

The numbers of cases of the various diseases treated in the above hospitals during the year are shown in Table 10. It will be seen from this table that the total number of admissions for the year were 216, of which 99 were from Hyde, and 117 from outside districts. The number of deaths (excluding those from Tuberculosis) was 8, of which 7 were caused by Diphtheria and 1 by Scarlet Fever.

The admissions to the Isolation and Smallpox Hospitals from adjacent districts during the year are shown in Table 11.

TABLE 10.
Summary of Cases of Infectious Diseases Treated in Hospitals During 1928.

	SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.			ERYSIPELAS.			SMALLPOX.			OBSERVATION.			TOTAL		
	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total
Remaining Jan. 1st, 1928 ...	18	16	34	...	11	11	...	...	...	...	...	...	...	1	1	...	1	1	18	29	47
Admitted	51	50	101	26	49	75	..	1	1	4	1	5	...	12	12	...	4	22	99	117	216
Discharged	56	62	118	24	55	79	...	1	1	4	1	5	...	13	13	...	5	23	102	137	239
Died	1	..	1	2	5	7	...	...	...	...	...	...	...	...	...	3	...	...	3	5	8
Remaining Dec. 31st, 1928 ..	12	4	16	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	12	4	16

The following table shows the numbers of cases admitted to the hospitals from neighbouring districts:—

TABLE II.
CASES ADMITTED FROM NEIGHBOURING DISTRICTS.

	Scarlet Fever	Diph- theria	Enteric Fever	Erysi- pelas	Small- pox	Obser- vation.	Total
Bredbury and Romiley... ..	9	20	—	—	—	—	29
Hazel Grove.	12	9	—	—	—	—	21
Denton... ..	5	8	—	—	—	—	13
Droylsden	7	4	—	1	—	—	12
Dukinfield	1	5	1	—	1	4	12
Disley	9	2	—	—	—	—	11
Stockport... ..	—	—	—	—	11	—	11
Marple	5	—	—	—	—	—	5
Audenshaw	2	—	—	—	—	—	2
Ashton-under-Lyne	—	1	—	—	—	—	1
	—	—	—	—	—	—	—
Total	50	49	1	1	12	4	117

(3) **Tuberculosis.**

An account of the Tuberculosis work carried out in the district is given later in this report. Local patients requiring Sanatorium treatment are usually admitted to the Cheshire Joint Sanatorium, Hefferston Grange Sanatorium, Wrenbury Hall Colony, or the Shropshire Orthopaedic Hospital. The only hospital accommodation for Tuberculosis patients within the Hyde area is the Tuberculosis Pavilion at the Isolation Hospital, which is used for the treatment of advanced cases. Patients are admitted to this Pavilion not only from Hyde itself, but also from other parts of Cheshire. The accommodation (33 beds) is always fully utilised, for the County Tuberculosis Officer, Dr. Meredith Young, has invariably a waiting list of patients for admission.

If immediate results were the only prospect the supervision and treatment of patients in this pavilion would be indeed disheartening work, for the limitations and shortcomings of medical knowledge are never more clearly illustrated than by the failure of all suggested remedies to check the progress of disease in an advanced case of Tuberculosis. The early case is, of course, quite a different proposition, but in the majority of cases admitted to the local Tuberculosis pavilion, the disease has reached such a stage that the prospect of cure is extremely poor, and all that can be hoped for is a prolongation of life by some months, or it may be, in more favourable cases, by a few years. The real merit of a hospital for advanced cases must be judged, however, by its remote results, and these, though incalculable, are certainly extensive. In isolating advanced cases, who are such a danger to their intimate friends and fellow workmen, Tuberculosis Hospitals play a prominent part in preventing the spread of infection, and so form a most important link in the Anti-Tuberculosis campaign.

So far as the patients themselves are concerned isolation is not secured by means of compulsion. By section 62 of the Public Health Act, 1925, powers are granted to Local Authorities whereby persons suffering from Pulmonary Tuberculosis may be removed to hospital where home conditions are such that there is a serious risk of infection to other persons, but so far the necessity for utilising these powers has never arisen. Instead the patients are made as comfortable and happy in the wards as their conditions will allow, with the result that they are as a rule quite content to remain there.

In this connection one welcomes the opportunity to thank the numerous ladies and gentlemen who have done so much to brighten the lives of the patients during the past year. To the members of the Tipperary League and its President, Mrs. Stanley Welch, a special word of thanks is due for the many long drives by charabanc into the country during the summer months. Patients under treatment at the pavilion are denied many of the amusements and recreations which are so popular with the strong and healthy, but they can and do enjoy an outing into the fresh open country.

The pavilion itself was much improved recently by an extension of the verandah which is now large enough to contain roughly half of the beds. The majority of the patients prefer to sleep on the verandah when the weather is favourable, and they are encouraged to do so for the progress of those who sleep in the open is invariably better than that of those who are treated within.

(4) **Maternity.**

There is no Maternity Hospital or Home in the Borough, and no provision is made for the treatment of normal maternity cases. Provision is made, however, for the treatment of Puerperal Fever, or Pyrexia, and of difficult labour. Puerperal cases are treated at Ashton Infirmary, whilst cases of difficult labour may be sent to either St. Mary's Hospital, Manchester, or to Ashton Infirmary. For each case admitted with the sanction of the Medical Officer of Health, the local Council pays the maintenance fee of three guineas per week to the Hospital Authorities. During the past year 8 cases, all of difficult labour, were treated under these arrangements. The need for a Maternity Home has been pointed out in several Annual Reports, and as time passes this need is becoming more and more pronounced. Although childbirth is a physiological process, it entails a trying time for the mother even in the most straightforward case, and at times it may develop into one of the most complicated operations in surgery. Associated with it there is always a certain amount of risk, which is two-fold in type, for two lives are at stake—that of the baby as well as that of the mother. Justice and humanity demand that this risk should be reduced to the absolute minimum in every case, whatever the social position or financial circumstances of the expectant mother may be, yet the position at present is that many women must face confinement under conditions which offer few of the facilities that are requisite for safety. The keynote of success in surgery is asepsis, yet doctors in their practice of midwifery are often called upon to undertake most difficult manipulative operations under conditions which are not compatible with surgical cleanliness. Indeed some mothers are scarcely able to obtain even privacy, apart from the rest and general attention which are so essential if complications are to be avoided. It is not surprising, then, that the number of deaths of infants during the first month of life shows relatively little reduction, and that the maternal mortality for many years has remained unchanged. The fact that the local maternal mortality last year was 6.5 may not in itself seem alarming, though it is higher than that of England and Wales, but its full significance is appreciated when one is brought face to face with the tragedy which results when a young family is left without a mother. Such an occurrence in one's own family circle casts a shadow which can never be erased.

Everything possible is being done at the present time by education and by assistance in the form of food, medical attendance, etc., to lower both the infantile and maternal mortality, but in view of the housing shortage, the prevalence of unemployment, and the general depression in trade, difficulties such as those outlined above can be remedied only by the provision of a Maternity Home or Hospital. The opening of a home of this kind has always been checked by the stumbling block of cost. If, however, the women of Hyde only appreciated the increased protection, the added comfort, and the better outlook conferred by such a home, the amount required for fitting it up would be quickly forthcoming, and they would demand for themselves facilities similar to those which they are helping to support indirectly through taxation in other districts.

We have at present the building known as Werneth Lodge, which was presented to the Corporation by Mr. Arthur Brook Aspland in August, 1919, with a view to converting it into a Maternity Home. At that time the water supply, the sewage, and the approach by road were all unsuitable, whilst the difficulty of access seemed to condemn it for such a purpose, but conditions have changed greatly in the meantime. The building is now supplied from the main water supply of the Borough, the sewage system has been brought up to date, the road leading to it has been modernised, and its isolated position, commanding such healthy surroundings, is now in its favour since a splendid motor ambulance service for the conveyance of patients is always available. The opening of this building as a Maternity Home was considered recently by the Maternity and Child Welfare Committee, and although unexpected difficulties have been encountered by proposals outlined in the new Local Government Act, there is good reason to believe that these will not prove unsurmountable, and that it should be possible in the near future to utilise the building for the purpose for which it was originally intended. As a result of a very full enquiry into Maternal Mortality in 1924, Dame Janet Campbell made five important recommendations, amongst them being the provision of "more maternity beds in homes, hospitals, and other institutions." The Ministry of Health have supported this recommendation in every way possible, and though we are at present on the eve of a General Election there is no doubt this policy will be continued, whatever the results of the election may be. All political leaders and the rank and file of all political parties will agree with the Prime Minister when he declared recently in defining the present Government's electioneering programme. "There is nothing in this country that makes for its happiness; that makes for the health of the rising generation; that makes for the health of woman in her later years, comparable to seeing that proper care is taken of her in her confinement."

(5) Children.

There are no hospitals for children in the area, apart from the Isolation Hospitals, which deal with infectious diseases only.

(6) Institutional Provision for Unmarried Mothers, etc.

No provision is made for the institutional treatment of unmarried mothers, illegitimate, or homeless children. The majority of cases of this kind are dealt with by the Relieving Officer, and admitted to the Stockport Union Hospital.

(7) Other Hospitals.

There are no hospitals in the Borough apart from the Isolation and Smallpox Hospitals. Patients requiring hospital treatment are admitted to the Ashton Infirmary, Stockport Infirmary, or to the various hospitals in Manchester. The majority of patients are dealt with by the Ashton Infirmary and the Manchester Royal Infirmary, to each of which the local Council makes an annual contribution of 50

guineas. This sum has been increased in the estimates for the present year to 75 guineas.

The Mayor of Hyde's Hospital Fund, supported by a large percentage of the workmen of the Borough who voluntarily surrender one penny per week from their wages, has proved a most valuable source of income for the hospitals, and in return the Mayor receives a large number of recommendations entitling patients to free treatment at the hospitals. The following is a list of the recommendations issued during the year:—

MAYOR OF HYDE'S HOSPITAL FUND AND WORKPEOPLE'S SATURDAY FUND.

Report 1st January to 31st December, 1928.

Institutions to which patients were recommended.	No. of recommenda- tions issued. Total.	No. of individual patients represented.	No. of renewal recommen- dations.
District Infirmary, Ashton-under-Lyne.			
In-patients... ..	183	150	30
Out-patients	215	130	70
Royal Infirmary, Manchester.			
In-patients	89	84	5
Out-patients	27	23	4
St. Mary's Hospital, Manchester.			
In-patients	12	12	—
Out-patients	3	3	—
Manchester Royal Eye Hospital	12	12	—
Hyde Sick Kitchen	84	37	47
Manchester Children's Hospital	7	7	—
Devonshire Hospital, Buxton	10	9	1
Salford Royal Infirmary,			
In-patients	1	1	—
Out-patients... ..	3	3	—
Southport Convalescent.			
Children... ..	1	1	—
Adults... ..	22	20	2
Stockport Infirmary	8	8	—
Ancoats Hospital.			
In-patients	3	3	—
Out-patients	1	1	—
Nose and Throat Hospital,			
Out-patients	1	1	—
Skin Hospital: In-patients .	1	1	—
Dental: Out-patients	1	1	—
Manchester Ear Hospital:			
In-patients	3	3	—
Out-patients	1	1	—
	688	511	159

AMBULANCE FACILITIES.

(a) For Infectious Diseases:

There are two motor ambulances for the transport of cases suffering from infectious diseases. The larger ambulance (Crossley) is the one which is generally used, with the smaller one (Wolseley) kept as a reserve. When an outbreak of Smallpox occurs in any part of the area served by the Smallpox Hospital, the Wolseley ambulance is reserved for the use of Smallpox cases only. Both ambulances are kept at the Fire Station, and are driven by members of the Fire Brigade Staff.

The number of patients conveyed to the Infectious Diseases Hospital during the year was 249; 109 of these were from the Borough, and 140 from outside areas.

(b) For Non-Infectious and Accident Cases:

Another motor ambulance (Crossley) is kept at the Fire Station and used for accident, or other non-infectious cases. This ambulance is under the control of the Chief Constable, Mr. J. W. A. Danby.

During the year this ambulance responded to 713 calls; 70 were cases of accident, 623 were removals to or from Hospitals or other Institutions, and on 20 occasions the ambulance was summoned but not required when it arrived: 473 of the calls were for removals within the Borough, and 240 calls were to persons residing outside the Borough.

For the use of the various ambulances no charge is made to persons ordinarily resident within the Borough, but to prevent this privilege being abused, the use of the non-infectious ambulance has to be restricted to accident cases and other cases where the doctor in charge certifies that the use of an ambulance is necessary.

CLINICS AND TREATMENT CENTRES.

(a) Maternity and Child Welfare Clinics:

- (1) Child Welfare Clinic, at Rosemount Chapel School, on Mondays, from 2 p.m. till 4 p.m.
- (2) Child Welfare Clinic, at Parsonage Street Centre, on Tuesdays, from 10 a.m. till 12 noon. On Wednesdays from 2-15 p.m. till 4-45 p.m. On Thursdays from 2-15 p.m. till 4-45 p.m.
- (3) Ante-Natal Clinic at Parsonage Street Centre, on Thursdays, from 1-30 p.m. till 2-15 p.m.
- (4) Dental Clinic, at Mechanics' Institute, for expectant or nursing mothers and children under 5 years, on Saturdays from 9-30 a.m. till 12-30 p.m.

(b) Orthopaedic Clinic:

At Parsonage Street Centre, on Mondays, from 2 p.m. till 4-30 p.m., on Wednesdays, from 9-30 a.m. till 12 noon.

(c) Artificial Sunlight Clinic:

At Parsonage Street Centre, on Mondays and Fridays, from 9-30 a.m. till 5 p.m.

(d) Day Nurseries:

None.

(e) **School Clinics :**

- (1) Clinics for Minor Ailments, at Mechanics' Institute, daily (Sundays excepted), from 9 a.m. till 12 noon.
- (2) Eye Clinic for Refractions, at Mechanics' Institute, on Mondays and Thursdays, from 11 a.m. till 12 noon.
- (3) Dental Clinic at Mechanics' Institute, for School Children on Tuesdays, Wednesdays and Fridays, from 9-30 a.m. till 12.30 p.m. and 1-45 p.m. till 4-45 p.m.

(f) **Tuberculosis Dispensaries :**

Treatment of patients suffering from Tuberculosis is arranged by the Cheshire County Council. The District Tuberculosis Officer attends at the Tuberculosis Dispensary, Beeley Street, Hyde, on Mondays, from 10 a.m. till 12-30 p.m.; also on Wednesdays, from 2 p.m. till 4-30 p.m., and 6 p.m. till 7-30 p.m.

(g) **Treatment Centres for Venereal Diseases :**

There are none within the Borough. Patients attend the V.D. Centres at Ashton-under-Lyne and Manchester.

PROFESSIONAL NURSING IN THE HOME.

(a) **General :**

The Hyde District Nursing Association, in affiliation with Queen Victoria's Jubilee Nursing Association, supplies two nurses for home nursing. The association is carried on by voluntary subscriptions. The services of the nurses are always in demand, and some idea of the extent of their work may be obtained from a record of their visits, which during the past year amounted to 4,980. The number of patients dealt with was 564.

(b) **For Infectious Diseases :**

No provision has been made for the nursing of Infectious Diseases in the homes.

Midwives :

The provisions of the Midwives' Act, 1902, are administered by the Cheshire County Council, which is the local supervising authority. The County register shows that there are seven certified midwives resident in Hyde who have given notice of their intention to practise midwifery; of these only two hold the C.M.B. certificate.

Under the 1902 Act the County Council has authority to delegate its powers of supervision to a District Council, and as it has been felt for many years that the work of the local midwives could be more effectively directed and supervised by the Medical Officer of Health of the Borough, representations have been made from time to time to the Cheshire County Council to have the powers under the Act transferred to the Borough Council. For so far the County Council have been unwilling to comply with these requests, but under the new Government Bill a Council such as the Hyde Borough Council, which employs a whole-time Medical Officer of Health, and has a Maternity and Child Welfare Committee, may apply to the Ministry of Health to be made the local supervising authority under the Midwives' Acts, 1902 to 1926, and the Minister may direct the local Council to be the supervising authority in place of the County Council.

Chemical and Bacteriological Examinations:

All Chemical Analyses and Bacteriological Examinations, with the exception of Sputum examinations, are carried out at the Public Health Laboratory, Manchester.

During the year 146 specimens of sputum were sent to the County Laboratory, Chester, to be examined for the presence of Tubercle Bacilli; 20 were positive and 126 negative.

The following is a tabular statement of the examinations made on behalf of the Health Department at the Public Health Laboratory, Manchester. The list includes specimens sent from the Isolation Hospital.

UNIVERSITY OF MANCHESTER.

DEPARTMENT OF BACTERIOLOGY AND PREVENTIVE MEDICINE.

BACTERIOLOGICAL EXAMINATIONS MADE DURING THE YEAR 1928 FOR MUNICIPAL BOROUGH OF HYDE.

Month.	Diphtheria		Typhoid Fever		Bovine Tuberculosis milk.		Water	
	Total.	Posi- tive.	Total.	Posi- tive.	Total.	Posi- tive.	Bacterio- logical Total	Chem- ical Total
January	31	1	1	—	2	—	1	—
February	20	2	—	—	6	1	—	—
March	17	1	—	—	2	—	—	—
April	13	1	—	—	2	—	—	—
May.	28	3	1	—	6	2	—	—
June	22	—	1	—	6	—	2	—
July	6	—	—	—	5	—	2	—
August..	13	1	—	—	6	—	—	—
September	5	—	—	—	—	—	—	—
October	5	1	—	—	5	4	—	—
November	15	1	—	—	10	2	—	—
December	18	—	—	—	5	—	—	—
	193	11	3	—	55	9	5	—

B. Various Investigations.

Nature.	No. of sample.
Faeces	4
Cerebro-spinal Fluid	1
Milk, bacteria count and B. coli	11
Blood Culture	1

Total No. of Specimens in List A	256
Total No. of Specimens in List B... ..	17
Grand Total of Specimens received... ..	273

In addition to the 66 samples of milk examined at the Public Health Laboratory, 295 samples were examined and graded according to the Gerber Test for Cleanliness at the Laboratory in the Town Hall. The results of these tests are given later.

LEGISLATION IN FORCE.

1870. The Hyde Local Board (Waterworks) Act.
- 1895 The Hyde Order, 1895, for altering Hyde Local Board (Waterworks) Act, 1870.
1903. The Hyde Corporation Act.
1912. The Hyde Order, 1912, for partially repealing and altering the Hyde Local Board (Waterworks) Act, 1870, and The Hyde Corporation Act, 1903.
1921. Order No. 67031 of the Ministry of Health, fixing scale of charges for water supply.
1928. Borough of Hyde (Public Health, etc.). Order (No. 72340) as to Public Health Amendment Act, 1907; Public Health Act, 1925, and Hyde Corporation Act, 1903.
1928. Borough of Hyde (Private Street Works) Order (73037), fixing the rate of interest on expenses of private street works.

General Adoptive Acts relating to the Public Health.

- The Public Health Acts (Amendment) Act, 1890, came into operation 14th April, 1891.
- The Infectious Diseases (Prevention) Act, 1890, came into operation 14th April, 1891.
- The Private Street Works Act, 1892, came into operation on 13th June, 1899.
- The Public Health Acts (Amendment) Act, 1907 (various sections), came into operation January 30th, 1928.
- The Public Health Act, 1925 (adoptive sections), came into operation 30th January, 1928.

Bye-Laws relating to the Public Health.

Date of coming
into operation.

Cemetery	26th May, 1877.
Common Lodging Houses	26th May, 1877.
Waterworks	12th August, 1878.
Market	6th August, 1886.
Offensive Trades	26th May, 1887.
Public Baths	4th September, 1889.
Nuisances	26th April, 1900.
Cleansing of Footways and Pavements	26th April, 1900.
Pleasure Grounds	16th May, 1908.
Parasitic Mange	21st February, 1910.
Means of Escape in case of Fire	July 14th, 1921.
New Streets and Buildings	19th August, 1926.
Houses Let in Lodgings	11th November, 1926.
Smoke Abatement	21st December, 1927.
Slaughter Houses	21st December, 1927.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply, Drainage and Sewerage.

A full description of these has been given in previous reports, and few changes have occurred during the year. The chief alterations have been the additions necessitated by the building of new houses, which numbered 152. Water for human consumption is obtained from the Manchester reservoirs, and was satisfactory throughout the year, both in quantity and quality. The total number of houses having direct water supplies is now 8,517, and the length of water mains in the Borough is 48 miles, 4 furlongs, 190 yards. The average consumption of water per head of the population calculated for the year was 21.68 gallons, of which 14.43 gallons are used for domestic purposes, and the remaining 7.25 gallons for manufacturing purposes.

Rivers and Streams.

The river Tame, a tributary of the Mersey, forms one boundary of the Borough. A check on its pollution is exercised by the Mersey and Irwell Joint Rivers Board.

Closet Accommodation.

The number of closets of the various types at the end of 1928 was as follows:—

W.C.s with Cistern Flush.	Hand Flushed W.C.s	Waste Water Closets.	Privies.	Pails
3389	1271	3912	64	221

The chief alteration in the above figures from the previous year's was the addition of 152 water closets, with cistern flush, brought about by the erection of this number of new houses. The number of waste water closets remained unchanged during the year, but the hand flushed closets were reduced by 13, this number being replaced by pedestal w.c.'s with cisterns. Pail closets also were reduced by 8, and of the privies, which numbered 66 at the beginning of the year, 2 were replaced by water closets of the approved type.

It will be observed that even yet the number of waste water closets in the district exceeds the number of closets with cistern flush. Like the hand-flushed closets their number is not likely to show much reduction for many years, for although in actual practice they are usually far from sanitary, none of the Public Health Acts grant powers to demand their abolition. Pail closets and privies on the other hand can be condemned, provided they are within 100 feet from a sewer, but unfortunately there are a fairly large number which are not so situated. To deal with one group of 12 pails, the sewer was extended during the year to within the required distance, and it is

expected that these will be converted to water closets during the present year.

Of the 64 privies remaining at the end of 1928, statutory notices have been served requiring 4 of them to be converted to w.c.'s, and these notices have since been complied with. There still remain, therefore, 60; of this number 45 are so situated that conversions to w.c.'s can be demanded. These 45 are all in a single estate, and the trustees have promised to deal with a few every year until all the necessary conversions have been carried out. The following is a summary of the conversions effected during the year:—

From Hand Flushed to Pedestal W.C.'s with Cisterns... ..	13.
From Pails to Pedestal W.C.'s with Cisterns	8.
From Privy to Pedestal W.C.'s with Cisterns	2.
New and additional W.C.'s	175.

Scavenging.

No change occurred during the year in the arrangements in operation for the collection, removal and disposal of domestic refuse. The staff employed for collecting the refuse and conveying it to the destructor consists of a foreman, 6 drivers and 11 fillers. The only means of transport used is the horse and cart; 6 horses and carts were employed regularly throughout the year, and occasionally a seventh was found necessary, chiefly after a holiday period, to cope with the extra weight of material which quickly accumulates when the bin-men have been off duty.

The total number of loads collected was 5,770, of which 5,652 were taken to the destructor and 118 to tips. This corresponds to a total weight of 7,254 tons. The amount collected during the previous year was stated to be 8,081 tons, but this was merely an estimated weight, based upon the number of loads collected, whereas the figure for 1928 is the actual weight. Every load of material taken to the destructor is now weighed and recorded; the records so obtained have proved most useful not only in determining accurately the amount of refuse collected in the Borough and the cost per ton, but also in showing the amount collected each day by the various carts.

The cost of collecting and removing refuse during the year was £3,144, representing £1,501 for wages, and £1,643 for horse hire. These items are all less than the corresponding figures for the previous year, but with the amount of refuse being shown as roughly 800 tons less, the cost of removal per ton works out at exactly the same figure, namely 8s. 7d. per ton.

As stated in the report for 1927, there is good reason to believe that the cost of collection could be reduced by the use of mechanical transport to deal with outlying districts, for practical tests carried out during that year with a S.D. Freighter gave a costing figure, taking all charges into account, of less than 7s. 6d. per ton. In the

matter of cost, the horse and cart cannot be beaten for short distance work, but when the distance from the destructor exceeds a mile, so much time is occupied in travelling to and from the destructor that a motor vehicle becomes preferable. So many different types of motor wagons for dealing with refuse are in use at present in various areas that it is difficult to decide which would be most suitable for our needs in Hyde. The very fact that there are so many to select from is an indication that each type has its own particular merits, and that none is perfect. The new dustless type of foreign design, which automatically packs the refuse in tightly, is probably the best of its kind, and a demonstration by a vehicle of this kind is expected within a few weeks.

For all practical purposes, however, an S.D. Freighter, similar in type to that employed during the test referred to above, has much to commend it. In the latest pattern the cover is of metal, made to open in 4 sections, and each section can be opened by a foot lever operated by the filler, so that the scattering of dust and paper from the wagon by the wind is prevented automatically. This escape of dust, etc., is a nuisance much complained of in connection with the carts in use at present, and one which cannot be ignored. The carts are all provided with waterproof covers, but these cannot be utilised whilst loading is proceeding, and even when the load is complete careful tying is required to prevent the escape of dust from the cart.

Little progress was made during the year in the policy of replacing ashpits by bins. During the past 8 years as many as 1,321 ashpits have been replaced by bins, but only 3 of these changes occurred last year, for the majority of ashpits inspected during the year complied with the legal requirements by being provided with proper doors and coverings. It is unfortunate that they cannot all be abolished, for, even when their construction is perfect, they are difficult to cleanse, and expensive to empty.

At the end of 1928 the number of ashpits, ashbins, etc., in use was stated by the refuse removal foreman to be as follows:—

Ashbins.	Ashpits.	Privy Middens.	Septic Tanks or Cesspools.
8515	280	20	16

SANITARY INSPECTION OF THE AREA.

The following tabular statement has been prepared by the Sanitary Inspectors in accordance with Article 19 of the Sanitary Officers Order, 1926, and contains information concerning:—

- (a) The number and nature of inspections made by them during the year.
- (b) The number of notices served during the year, distinguishing statutory from informal notices.
- (c) The result of the service of such notices

SMOKE ABATEMENT.

The number of smoke observations taken during the year was 18, and in 9 of these unsatisfactory results were obtained. No legal proceedings were undertaken, but the engineers and foremen were interviewed in cases where the time concession for black smoke was exceeded, and statutory notices were served in 3 cases that the nuisance so caused must be abated. The fact that no legal proceedings were undertaken must not be regarded as an indication that the emission of black smoke is regarded as a trivial offence, to be connived at if at all possible. The pollution of the air by smoke causes an immense amount of damage to vegetation and to property, besides being injurious to health, and whilst a certain amount of smoke production is inevitable where so many factories derive their power from the burning of coal on their own premises, gross pollution is due simply to careless stoking, and your Health Committee is determined to enforce their powers to ensure that all reasonable measures and precautions shall be taken to restrict the emission of smoke to a minimum. During the year 1927 Bye-Laws were adopted, in which it was pointed out that "the emission of black smoke for a period of two minutes in the aggregate within any continuous period of thirty minutes" would be presumed to be a nuisance. In cases where a nuisance of this kind had been proved by a smoke observation to exist, your Medical Officer has been instructed by the Health Committee to issue a warning notice requiring the abatement of the nuisance, and in the event of its recurrence, to institute legal proceedings.

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS, ETC.

There are five premises in the Borough where Tripe Dressing, which is classified as an offensive trade is carried on. These premises are situated as follows:—

- (1) Works at rear of 211, Ashton Road.
- (2) Works at rear of Canal Street.
- (3) Works at rear of 29, Bank Street.
- (4) Works at rear of 29, Bank Street.
- (5) Works at rear of 30, Clarendon Place.

In addition to two common lodging-houses which are controlled by Bye-Laws, there are a number of houses classified as "houses intended, or used, for occupation by the working classes, and let in lodgings, or occupied, by members of more than one family." All such houses are controlled by Bye-Laws which were adopted in 1926, and a register is kept of those which are known to be embraced by this definition. Their number as recorded at present is 255, but the

provisions of the Bye-Laws are not yet widely known, and as discovery of the houses is more or less a matter of accident, there is good reason to believe that there are many of this kind in the district which have not yet been registered. In all cases brought to notice the houses are carefully measured, and when the cubic capacity of the rooms has been determined, the occupier is informed of the number of persons permitted by the Bye-Laws to occupy each room. Where overcrowding exists, a notice is sent to the tenant informing him that the number of lodgers must be reduced as soon as possible, and that in future, when letting rooms, he must not allow them to be occupied by more than the number of persons specified in the notice. Some difficulty has arisen over the definition of what constitutes "members of more than one family." Some of the worst cases of overcrowding met with are in houses where grown-up sons or daughters of a family get married and continue to live with their families in the home of their parents. Theoretically they may constitute one family, but for all practical purposes they represent several families, all living under one roof.

SANITARY CONDITIONS OF SCHOOLS.

These are dealt with in the School Medical section of this report.

OUTWORKERS.

List of outworkers are received from the various firms in the Borough employing such labour, and also from the Health Departments of surrounding districts with regard to outworkers resident in Hyde. During the past year lists were received from six firms, and altogether 27 outworkers were reported. 26 of these were employed at hat-finishing, and only one at dressmaking.

FACTORIES AND WORKSHOPS.

The routine inspections of Factories and Workshops is performed by the Factory Inspector for the district, but any sanitary defects observed by him are reported to the Health Department for necessary action. Only two complaints were received during the year; both these related to insufficient, or unsuitable, W.C. accommodation, and in each case the alterations suggested, to meet the requirements, were carried out. The work carried out by the Sanitary Inspectors in connection with the inspection of factories, workshops, and workplaces, is given below in tabular form in accordance with the Factory and Workshop Act, 1901.

1. INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of Written Inspections. Notices.	
FACTORIES (including Factory Laundries) ...	45	2
WORKSHOPS (including Workshop Laundries) 71	.....	1
	<hr/>	<hr/>
	116	3

2. DEFECTS FOUND IN FACTORIES, WORKSHOPS, AND WORKPLACES.

Particulars	Number of Defects Found.	Remedied.
Sanitary Accommodation. Insufficient... ..	1	1
„ „ Unsuitable or Defective	1	1
	<hr/> 2	<hr/> 2

HOUSING.

The following statistics for the year 1928 are given in the form indicated by the Ministry of Health.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

(a) Total (including numbers given separately under (b))	152.
(b) With State assistance under the Housing Acts.	
(1) By the Local Authority	30.
(2) By other bodies or persons	110.

1. Unfit dwelling-houses.

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	652.
(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	210.
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation... ..	1.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	185.

2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	177.
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3. Action under Statutory Powers.

A.—Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	8.
(2) Number of dwelling-houses which were rendered fit after serving of formal notices:—	
(a) by owners	8.
(b) by Local Authority in default of owners	None.
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ...	None.

B.— Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	5.
(2) Number of dwelling-houses in which defects were remedied:—	
(a) By Owners... ..	4.
(b) By Local Authority in default of Owners	1.

C.— Proceedings under section 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	1.
(2) Number of dwelling-houses in respect of which Closing Orders were made	None.
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	1.
(4) Number of dwelling-houses in respect of which Demolition Orders were made	None.
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	None.

Following upon the year 1927, when 156 new houses were erected, the addition of 152 houses erected last year is undoubtedly excellent progress. A specially gratifying feature about these figures is that as many as 122 of last year's houses were built by private enterprise. This is a sign that the building of houses is at last becoming an economic proposition, and that the solution of the housing problem, which has existed since the war, is now in sight. In addition to the number given above, 25 houses are in course of erection, and plans have been passed for the building of a further 21. It is quite impossible to state with any degree of accuracy how far the erection of so many houses will have met the housing needs of the Borough. One can only say it has relieved the pressure considerably, but there is still a great demand for more houses. Practically every day several enquiries are made at the Town Hall regarding the possibility of obtaining Council houses, and immediately a rumour spreads around that there is likely to be a vacancy, the members of the Housing Committee are almost besieged by applicants. It is not simply the families compelled to live in lodgings who are in need of houses, for there are quite a number of houses scattered throughout the Borough which are in reality unfit for human occupation, but they cannot be condemned. Unless a house becomes absolutely dangerous, it is impossible to ask for closing orders, when there is no alternative accommodation to offer.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

The register of Cowkeepers and Milk Purveyors showed few changes during the year, the chief alterations being merely transfers of ownership, or of business, from one person to another. The number of Cowkeepers remains unchanged at 43, whilst the total number of purveyors of milk was reduced by 3 to 110. This does not mean that the milk supply of the Borough is obtained from 110 different sources, for a few of the purveyors obtain their supplies from the same farms; at the present time milk is brought into the area, or obtained within the area, from approximately 90 different sources. In this connection the Co-operative milk service is counted as one source of supply, although the milk retailed is obtained from several farms.

Since the discovery of the various vitamins which are so important for growth, both mental and physical, and so essential to enable the body to resist disease, the value of milk as a food stuff has been much more fully appreciated, for milk has been shown to be particularly rich in these vitamins. Various experiments carried out at schools and Welfare Centres have demonstrated that it is the most valuable, and probably also the most economical, article of diet obtainable; it contains all the essential food elements in such well balanced proportions that it has been designated a perfect food. There is no doubt that if its merits were more widely known its consumption would be increased enormously, but in recommending increased consumption, it is necessary to point out to all concerned in the trade that every possible precaution must be taken to prevent the milk from being contaminated by disease producing germs. Strict cleanliness is essential in dealing with milk at every stage from the time it leaves the cow till it reaches the consumer, and great care is necessary to ensure that it does not get contaminated either by soiled hands or by exposure to dust. To guarantee a pure milk it is necessary to go back even farther and make certain that the cows which produced the milk are healthy.

Without any doubt there has been a considerable improvement in the standard of cleanliness of the milk during recent years, but the provision of the Milk and Dairies Order, 1926, are not yet conscientiously carried out in many cases, and an increased number of inspections will be necessary to ensure compliance. Inspections carried out during the past year numbered 48 to cowsheds, 45 to dairies, and 8 to milkshops. In addition 295 samples of milk were examined by the Gerber test to determine the amount of extraneous matter present, 11 were tested by enumerating the number of bacteria contained, and 56 were examined for the presence of Tubercle Bacilli.

As reported previously many alterations are still necessary at several farms to make them comply with modern requirements, but considerable improvements have been effected. During the year

alterations, which had been recommended, were carried out at 4 farms, 4 separate dairies were provided, and the erection of 4 more during the present year has been promised.

The large number of samples examined by the Gerber test demonstrated that the steady increase in cleanliness reported previously is being maintained. It will be remembered that samples of milk are graded by the Gerber test by marks ranging from 0 to 50, according to the amount of extraneous matter present, the two extremes being absolutely filthy milk, and perfectly clean milk respectively. In the year 1925, when systematic examinations by these tests were first undertaken, only 38 per cent. of the samples examined were awarded 35 marks or more. The steady improvement is shown by the following figures:—

Year.	Percentage accorded 35 marks or more.
1925	38 per cent.
1926	60 per cent.
1927	72 per cent.
1928	75 per cent.

The following table shows the marks awarded in connection with the 295 samples examined last year:—

GERBER DIRT TEST FOR CLEANLINESS.

Number of marks awarded.	Number of samples examined.
50	9
45	36
40	113
35	67
30	34
25	14
20	17
15	2
10	2
5	0
0	1
	<hr/>
	295
	<hr/>

Of the 55 samples examined at the Public Health Laboratory, Manchester, for the presence of Tubercle Bacilli, 9, or 16 per cent, proved positive. In accordance with Section 4 of the Milk and Dairies (Consolidation) Act, 1915, the cases where positive results were obtained were reported to the County Medical Officer, who arranged for a Veterinary Surgeon to visit the farms and trace the source of infection. It is a significant fact that in not a single instance would any particular cow have been picked out by ordinary clinical examination

of the herd as an infected animal. Knowing that a positive result had been obtained, the veterinary inspector was able to select a few cows from each herd which were the most likely to be diseased, but clinical signs were scanty, and it was only by further tests of samples from selected groups and from individual cows that the infected animals were finally detected. In one particular herd 3 cows were found to be infected, and in another 2 cows. These results can be regarded only as serious, for it is startling to realise that 16 per cent of the milk supplies tested were found to contain Tubercle Bacilli, and that as many as 12 infected cows were detected. The importance of frequent and systematic testing is demonstrated by such results, and although the tests are amongst the most difficult, and therefore expensive, to carry out, it is obvious that their number will have to be increased. Your Health Committee is fully alive to the gravity of the position, and a sum has been included in this year's estimates which will permit all the milk supplies of the district to be tested at least once per year.

One application was received during the year for licence to sell Milk under the Milk (Special Designations) Order, 1923. The purveyor concerned is not a resident in Hyde, and his application, which was granted, was to sell Grade A. Milk.

(b) Meat and other Foods.

The number of slaughter houses in the area remains unchanged at 24, 11 being licensed and 13 registered. The need for a public abattoir has often been pointed out, and the position seemed to reach a climax towards the close of the year, when difficulty was experienced in obtaining the use of a slaughter house anywhere in the Borough for casual pig slaughtering. A sub-committee of the Health Committee considered the position, and it was proposed that a small public abattoir should be constructed. At this stage, however, the use of two slaughterhouses, suitable for pig killing, was offered, and at the same time objections were raised to the site suggested for the public abattoir on the grounds of distance both from the centre of the town and from a railway station. Consideration of the whole matter was, therefore, adjourned sine die.

Inspection of meat has claimed a large amount of time, due to the number and scattered distribution of the slaughterhouses. The difficulties experienced during previous years in getting adequate inspection were, however, considerably relieved by the appointment of a second Sanitary Inspector, who holds the Meat Inspector's Certificate of the Royal Sanitary Institute. It is possible now to divide the area into two districts, and each inspector is responsible for all inspection work in his own area, so that the time spent in travelling is very much lessened.

The following figures give the quantities of meat condemned during the year as unfit for human consumption:—

	Tons.	Cwts.	Qrs.	Lbs.
Bovine Tuberculosis	1	15	1	15
Pig Tuberculosis	0	8	3	2
Distomatosis	0	1	2	9
Pig Jaundice	0	1	2	12
Immaturity and Injury	0	0	2	1
Bovine Liver Abscess	0	0	0	14
Moribund Liver... ..	0	4	0	0
Johne's Disease	0	0	1	12
Natural Death... ..	0	0	2	0
Nephritis... ..	0	0	3	14
Unsound Bacon	0	0	0	15
	2	13	3	10

In addition to inspecting slaughter houses, the bakehouses of the district were regularly inspected during the year, and a large number of visits were made to shops of various kinds where food is manufactured, or offered for sale, to ensure compliance with the requirements of the Public Health Act of 1925. The following is a list of all the visits carried out in connection with the inspection of food:—

To Slaughter Houses	1,442
To Bakehouses	92
To other places where food is produced or sold	4,050
Total	5,584

(c) **Adulteration of Food.**

The sale of Food and Drugs Act, Milk and Cream Regulations, and the Condensed and Dried Milk Regulations, are administered by the Hyde Borough Police. The following is a list of the samples submitted to the Public Analyst for examination during the year. All the samples were found on examination to be satisfactory.

Sample Examined.	Number of Samples.
New Milk... ..	16
Bottled Milk	5
Cocoa	2
Self Raising Flour	1
Sugar	2
Coffee	6
Pepper	1
Lard	1
Cheese	1
Butter	2
Margarine	2
Ground Rice	1
Cake Mixture	1
Jam	1
Total	42

HEALTH EDUCATION.

Strictly speaking every feature of Public Health work may be regarded as a form of Health Education. Every home visit by a Health Visitor, every examination of a school child, every word of advice to a mother regarding the dietary of her child, represent attempts to educate the individual in the principles of healthy living. Even in such matters as calling attention to an uncovered ashbin, or an insanitary ashpit, we are indirectly giving a health lesson, for in so doing we are pointing out the value of cleanliness and the dangers of exposing decaying food, or other refuse, near to the home.

Regarded in a broader sense, however, the most important educational measure undertaken during the year was the publication of the journal "Better Health." 2,000 copies are distributed every month, the entire cost of the journals being covered by the price obtained from advertisements. The majority are distributed through the schools, where they are given to the senior children. In many cases they are used for reading lessons in hygiene. In this way the children become interested in the health hints enumerated, and in taking the journals afterwards to their homes they act not only as distributors but as emissaries.

Another attempt at enlightening the general public in the prevention of disease was the visit of the Tuberculosis Exhibition, kindly supplied at a nominal fee by the National Association for the Prevention of Tuberculosis. During the week of its visit Dr. Holroyd who accompanied it, gave a series of interesting and instructive lectures, illustrated by cinematograph displays depicting various aspects of the disease and its associations. His addresses to the senior school children left an impression which is certain to be followed by beneficial results.

Mention must be made also of the essay competition, which was held in conjunction with that organised by the Royal Sanitary Institute. All the schools in the district entered into the competition, and prizes were given by the Health Committee for the best essays received from a boy or a girl at each school. In addition, four of the children succeeded in gaining prizes presented by the Royal Sanitary Institute. The subject chosen was "Why is cleanliness the first law of Health," and the comprehensive and intelligent manner in which it was treated by all the prizewinners was not only an indication of the high standard of education prevailing in the schools, but also a tribute to the valuable instruction given in Hygiene by the teachers.

In all our attempts at health propaganda it will be seen that a special effort is made to reach the children. Following on the same lines, the senior girls from the elementary schools attend the Maternity and Child Welfare Centre in groups of 14, and receive instruction in the care and management of babies. They seem greatly interested in the work of the Centre, and there is every reason to believe that the seed sown will bear fruit in the future. The senior girls of to-day will be the mothers of the district a few years hence, and at school age their minds are much more receptive and their habits more plastic than those of the adult, which may have become so distorted by custom and bad example that it is impossible to re-fashion them.

TABLE 13.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1928.
(Excluding Tuberculosis and Ophthalmia Neonatorum).

Notifiable Disease	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 to X	At all ages	Cases admitted to Hospital	Total Deaths
Scarlet Fever	1	2	3	5	4	18	12	2	5	2	—	—	54	51	1
Diphtheria	—	—	—	—	1	9	9	2	5	—	—	—	26	26	2
Pneumonia	1	5	5	—	5	9	3	4	5	8	9	1	55	—	22
Erysipelas	—	—	—	—	—	—	—	—	3	5	1	—	9	4	—
Puerperal Fever ...	—	—	—	—	—	—	—	—	2	1	—	—	3	—	—
	2	7	8	5	10	36	24	8	20	16	10	1	147	81	25

RAG FLOCK ACTS, 1911 AND 1928.

These Acts prohibits the sale, or use, of unclean flock manufactured from rags for the purpose of making any article of upholstery, cushions, or bedding. There are no premises in the area where flock of this description is manufactured.

INFECTIOUS DISEASES.

The prevalence of Infectious Disease, as indicated by the numbers of cases notified, was exceptionally low during the year. The number of cases of Scarlet Fever reported (54) was practically the same as in the previous year, being roughly one-half the number reported in the year 1925. Moreover this disease continued to be mild in character, though occasional severe cases were met with, and in one of these death resulted.

Diphtheria showed a marked reduction, the number of cases being 26 compared with 50 during the previous year. Other notifications received under the Infectious Diseases (Notification) Acts were Pneumonia 55, Erysipelas 9, Puerperal Pyrexia 3. No cases of Enteric Fever were reported, nor were there any cases of Cerebro Spinal Meningitis, Encephalitis Lethargica or Poliomyelitis.

Excluding Pneumonia, which is not infectious in the ordinary sense of the term from person to person, the majority of these cases were treated at the Isolation Hospital. Thus 94 per cent of the Scarlet Fever cases and 100 per cent of the Diphtheria cases were admitted to hospital. It is very seldom indeed that conditions are suitable for the nursing of cases of this kind in the home, and whilst compulsion has never been resorted to, patients and relatives are always advised to make use of the hospital facilities that have been provided. In dealing with Diphtheria especially, hospital treatment offers an infinitely better prospect of recovery, for even in the apparently mildest case there is always a danger of cardiac collapse which cannot be guarded against without absolute and prolonged rest and quietness. Scarlet Fever at the present time is no doubt a much milder disease, generally speaking, than it was some years ago, but severe complications are still met with frequently, and as it is quite impossible in the early stage to foretell in which particular cases complications are likely to develop, it is much safer to treat all alike, and offer that protection which skilled nursing alone can provide. There has been a tendency with certain authorities during recent years to disregard the infectious aspect of these two diseases, and to have all cases that occur treated at home unless home nursing is

absolutely impossible. No doubt such a policy has been promoted on grounds of economy, but one cannot ignore the fact that every case of infectious disease is a source of danger to those in the immediate vicinity, and even on grounds of economy it is certainly better to isolate effectively the first case that occurs than to wait, as is sometimes done, until almost the entire household has been stricken down, and then to send all the lot to hospital.

A comparison between the case rate of infectious diseases locally and that of England and Wales as a whole during the past year is shown by the following figures. In every instance the Hyde figure is the lower.

Disease.	Case Rate per 1,000 population.	
	In Hyde.	In England and Wales.
Smallpox	Nil.	0.32
Scarlatina	1.64	2.61
Diphtheria	0.72	1.55
Enteric Fever	Nil.	0.09
Puerperal Fever	Nil.	0.06
Puerperal Pyrexia	0.09	0.14
Erysipelas... ..	0.27	0.42

A supply of Diphtheria Anti-toxin and also of Scarlet Fever Anti-toxin is always available either at the Health Department, or at the Isolation Hospital, but it is seldom required by private practitoners, for as already stated, very few cases of these diseases are treated at home, and with motor ambulances available there is never any delay in getting cases admitted to hospital. During the past year only 4 doses (equivalent to 28,000 units) of Diphtheria Anti-toxin were given out.

In view of the small number of cases both of Diphtheria and of Scarlet Fever notified during the year, and their scattered distribution, it was not considered advisable to recommend Dick or Schick testing, to be followed up by immunisation, as a routine measure, to prevent the spread of infection. The only testing of this kind carried out was at the Isolation Hospital, where all new members of the staff are Schick tested, and, if found positive, given the protective inoculations subsequently.

DISINFECTION OF PREMISES, BEDDING, ETC.

For the disinfection of articles which have been exposed to infection two disinfectors are available. One of these is at the Smallpox Hospital, and is reserved for dealing with Smallpox cases only. The other, at the Infectious Diseases Hospital, is used for general pur-

poses. Disinfection by steam is always employed in dealing with Smallpox cases, but in connection with the ordinary infectious diseases disinfection by formalin vapour is the routine method employed.

The following are the particulars of disinfection, etc., carried out during the year:—

Scarlet Fever.	Tuberculosis.	Diphtheria.
51	34	39

Number of beds destroyed (at owner's request)...	89
Number of mattresses destroyed (at owner's request) ...	113
Bundles of clothing destroyed (at owner's request) ...	23

OPHTHALMIA NEONATORUM.

The following particulars asked for by the Ministry of Health are given in tabular form:—

Cases Notified	Treated At Home	Treated In Hospital	Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
3	2	1	3	—	—	—

TUBERCULOSIS.—NEW CASES AND MORTALITY DURING THE YEAR 1928.

		New Cases.				Deaths.			
Age	Period.	Pulmonary		Non-Pulmonary		Pulmonary.		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0	...	—	—	1	—	—	—	1	—
1	...	—	—	1	2	1	—	—	—
5	...	1	—	4	1	—	1	—	1
10	...	—	1	2	1	—	—	—	—
15	...	—	—	1	2	—	2	—	—
20	...	5	4	—	1	1	—	—	1
25	...	2	2	1	1	3	4	—	—
35	...	5	2	—	—	2	3	—	—
45	...	5	4	—	—	2	1	—	—
55	...	1	1	—	—	—	1	—	—
65 and upwards...		—	1	—	—	—	—	—	—
Totals...		22	15	10	8	9	12	1	2

It will be seen from the above figures that 55 new cases of Tuberculosis were notified during the year, this being 4 less than in 1927. The number of deaths also showed a slight decrease, being 24 in number compared with 29 in the previous year. Notification of cases in the area continues to be quite satisfactory. Two deaths of patients

who had not been notified occurred during the year, but in one case the real cause was not diagnosed until a late stage in the illness, and in the other the patient was residing at the time of her death in an institution situated outside of the Borough.

No occasion has yet arisen when it has been found necessary to make use of the powers conferred by the Public Health (Prevention of Tuberculosis) Regulations, 1925, to enforce anyone suffering from Tuberculosis to give up his employment in the interests of the General Public. Nor has it been necessary to compel any person to be removed to hospital on the ground that there was serious risk of infection to other persons in the home. Power to do so is conferred by Section 62 of the Public Health Act, 1925, but it must be very seldom indeed that persons in such circumstances will remain adamant to persuasion.

The District Tuberculosis Officer, Dr. L. I. Henzell, B.Sc., B.M., D.P.H., has kindly supplied the following statement regarding Tuberculosis work in the area.

The following is a summary of the work done at the Hyde Dispensary for the year 1928 on persons residing in the Borough of Hyde:

NEW CASES EXAMINED IN 1928.

	Pulmonary.				Non-Pulmonary.			
	Adult.		Child.		Adult.		Child.	
	M.	F.	M.	F.	M.	F.	M.	F.
Definitely Tuberculous	18	12	—	—	2	2	7	4
Doubtfully Tuberculous	5	2	—	1	—	—	—	—
Non Tuberculous	23	31	22	22	1	2	2	3
Totals—Definitely Tuberculous, Pulmonary...								

	Males.	Females.	Children.	Total.
Sanatoria	12	4	—	16
Training Colonies	4	—	—	4
Pulmonary Hospitals	10	4	—	14
General Hospitals... ..	2	2	6	10
Orthopaedic Hospitals... ..	2	1	—	3
Convalescent Homes	—	—	—	—
Skin Hospitals	1	1	3	5
Artificial Sunlight Treatment	3	5	11	19

It will be noted that 73 contacts were examined during the year—a figure in considerable excess of that for the year 1927, which was 18. This increase is very gratifying. Of the 73 examined, 3 were found to be suffering from active tuberculosis.

Good results have been obtained from the treatment of Lupus and Surgical Tuberculosis by means of artificial sunlight. Most of the cases from the Borough of Hyde were treated under Dr. Gibson at the Hyde Orthopaedic After Care Centre. The beneficial results in Lupus are remarkable, and many cases of Tuberculous Lymphadenitis—particularly those with discharging sinuses, are materially improved. The disparaging remarks recently made in a report of the Medical Research Council on the utility of this form of treatment do not, in my experience, apply to cases of Non-Pulmonary Tuberculosis.

L. I. HENZELL,
District Tuberculosis Officer.

MATERNITY AND CHILD WELFARE.

No aspect of Preventive Medicine can present such striking results as those achieved in the reduction of Infantile Mortality since the beginning of the present century. So many factors have been concerned in effecting this reduction that it would be impossible to ascribe to each its relative importance; it is sufficient to know that concentrated action throughout the country by every means possible has kept alive thousands of babies who would otherwise have been doomed to early graves. In dealing with comparatively small areas, where the numbers of births and deaths every year are relatively small, considerable variations in the annual mortality rates are bound to occur, and it is unwise to attach too much importance to a rise or fall in any particular year. The average for groups of 5 years is however, a fairly reliable guide, and if we divide the last 28 years into 5 year periods, and then determine the average death rate of babies in Hyde for each period we obtain the following figures:—

AVERAGE INFANTILE MORTALITY.

1901-05	190.4	1916-20	103.8
1906-10	155.8	1921-25	81.4
1911-15	143.0	1926-28 (three years) ...	76.1

Figures such as these, supported by a drop last year to 54.5, must be a source of satisfaction to all who have taken a share, whether large or small, in helping to bring about the results portrayed therein. They are merely a reflection of the enthusiasm and perseverance displayed by those ladies and gentlemen who have taken such a practical interest in the subject, and devoted so much of their time and energy in the public service.

The Child Welfare Centres continue to be well patronised. Their popularity is indicated by the attendances recorded below, all of which are higher than the corresponding figures for the previous year.

(a) **Ante-Natal Clinic:—**

First attendances	... ..	35
Subsequent attendances	... ..	82
Total	... ..	117

(b) **Child Welfare Clinics:—**

First attendances of Babies at Parsonage Street Centre	... ..	239.
First attendances of Babies at Rosemount Centre	... ..	56.
Subsequent attendances of Babies at Parsonage St. Centre	... ..	3939.
Subsequent attendances of Babies at Rosemount Centre	.....	898.
First attendances of Children between 1 and 5 years of age, Parsonage Street Centre	... ..	98.
First attendances of Children between 1 and 5 years of age, Rosemount Centre	... ..	26.
Subsequent attendances of Children between 1 and 5 years of age, both Centres	... ..	2934.
Total attendances of Babies and Children, both Centres	... ..	8190.

It will be noted from the above figures that 295, or 64 per cent of all the babies born in the area, attended one or other of the Child Welfare Centres during the year. This figure compares with 59 per cent during the previous year. Included amongst the attendances of children between 1 and 5 years of age are those of the two year old children whose parents were specially invited to bring them to the Centre for medical examination. The register of notified births, modified by inward or outward transfers and by deaths, gives a fairly accurate record of all the young children in the Borough, and at the beginning of each month letters are sent to the parents of infants who will be two years of age during that month asking if they are willing to have their children examined. A total of 162 of these two year old children were examined last year. This represents only about half of those who were notified to attend, but it must be regarded as a satisfactory proportion seeing that the scheme was put into operation for the first time during the past year. The following table, which is based on the Board of Education Annual Statistical report, shows the numbers and percentages of children who were found to be suffering from the various diseases or defects enumerated.

Defect or Disease.	Number of Defects.	Percentage or children having this defect.
Minor Injuries	6	3.7
Malnutrition	—	—
Uncleanliness:		
Head	—	—
Body	—	—
Skin—Ringworm:—		
Head	—	—
Body	—	—
Scabies... ..	—	—
Impetigo	—	—
Other Diseases (Non T.B.)	12	7.4
Eye—Blepharitis	2	1.2
Conjunctivitis	2	1.2
Keratitis... ..	—	—
Corneal Ulcer	—	—
Corneal Opacities	—	—
Defective Vision	—	—
Squint	10	6.1
Other Conditions	2	1.2
Ear—Defective Hearing	—	—
Otitis Media... ..	5	3.0
Other Ear Diseases	1	0.6
Nose and Throat—Enlarged Tonsils... ..	5	3.0
Adenoids	4	2.4
Enlarged Tonsils and Adenoids	2	1.2
Other Conditions... ..	2	1.2
Enlarged Cervical Glands (Non T.B.) .	16	9.8
Defective Speech (Backward for age) ...	7	4.3
Heart and Circulation—		
Heart Disease:—		
Organic... ..	1	0.6
Functional	2	1.2
Anaemia	2	1.2
Lungs—Bronchitis	34	20.9
Other Non T.B. Diseases	6	3.7
Teeth	14	8.6
Nervous System—Epilepsy	—	—
Chorea	—	—
Other Conditions	1	0.6
Deformities—Rickets... ..	14	8.6
Spinal Curvature... ..	—	—
Other Forms	5	3.0
Other Defects and Diseases	18	11.1
Number of Children Vaccinated... ..	51	31.4
Number of Individual Children with defects	109	67.3

It will be noted that as many as 109 or 67.3 per cent. were found on examination to have some disease, or defect, worthy of notice. Many of the defects recorded were no doubt very slight, but it was considered advisable that they should all be pointed out to the parents in order that the children concerned might at least be kept under close observation, and treated immediately, should the necessity for treatment arise. For example, 20 per cent. of the children were recorded as suffering from Bronchitis, but in many cases the condition was causing no symptoms of distress nor discomfort, and was probably of a very transitory character. On the other hand many serious conditions were discovered, and in view of the large number of defects found, it is certainly not surprising that roughly 30 per cent of the children are found to require treatment when they are examined at school as entrants. It is of interest to note that even at this age 6.1 per cent of the children had developed squint, 8.6 per cent showed dental caries, 8.6 per cent were suffering from rickets, and 9.8 had enlarged cervical glands.

The average height of all the children examined was 33 inches, and the average weight 27 lbs. 5 ozs.

It will be observed that 117 attendances were recorded at the Ante-Natal Clinic during the year. This is an improvement over the previous year, when 82 attendances were made, but figures such as these show that the value of ante-natal examination is not yet fully appreciated. Although pregnancy is a physiological condition, there are many pathological conditions likely to be associated with it, some of which may endanger both the life of the mother and that of the unborn child, but fortunately the majority of these conditions and risks can be detected and guarded against if expectant mothers will only seek medical advice, and remain under medical supervision during the last few weeks of pregnancy. It is not sufficient to engage a midwife and then to summon a doctor when a complication, or serious illness, has arisen; it may then be too late to prevent disaster. Instead of leaving everything to fate and hoping for the best, steps must be taken to ensure that diseased conditions which can be prevented, are prevented. The time is not far distant when it will be regarded a criminal offence to allow a woman to develop a serious condition like eclampsia, when it might have been prevented if care had been taken beforehand to see that the kidneys were carrying out their normal functions, and it will be considered equally incriminating to permit pregnancy to advance to the stage of prolonged labour in the presence of a deformity which renders delivery of a living child impossible. Many women, unfortunately, for themselves, are not aware that there are so many serious risks which can be guarded against by ante-natal care, but midwives certainly are familiar with all the facts, and they must hold a wrong conception of their duties if they fail to impress upon their clients the importance

of ante-natal examination and supervision. It should be possible in future to tell if there has been any neglect in this respect, or if everything possible has been done to prevent complications from arising, for the Ministry of Health have asked (in Circulars 517 and 888) for extensive enquiries to be made into all maternal deaths and into all cases of puerperal sepsis.

The amount of home visiting by the nurses was curtailed slightly during the year owing to a change in the staff and delay, which was unavoidable, in appointing a new Health Visitor. When a vacancy of this kind occurs the various clinics and inspection work at the schools, etc., have to be carried on as usual, and so home visiting must suffer to some extent.

The following is a list of the home visits paid by the Health Visitors during the year:—

First visits paid to Infants under one year of age	451
Re-visits to Children under one year of age	1962
Re-visits to Children over one year of age	2568
Visits to Expectant Mothers	129
Other visits (deaths, still births, ophthalmia, etc.)	69
Total number of visits paid by Health Visitors	<u>5179</u>

The supply of milk, free, or at a reduced cost, according to the family income scale, was continued throughout the year to nursing mothers, expectant mothers, and young children. The demand for assistance like the demand for free meals from the Education Committee for school children, follows very closely the course of unemployment. The number of unemployed increased during the year from roughly 750 in January to 950 in December, and we find that the cost of supplying milk during 1928 amounted to £270 15s. 8½d., compared with £217 18s. 3d. during the previous year.

The following statement shows the details concerning the cost:—

	£	s.	d.
Pints of Milk supplied Free of cost, 13,746, at a cost of	192	1	5½
Pints of Milk supplied at 75 per cent cost, 28, at a cost of	0	6	1½
Pints of Milk supplied at 50 per cent cost, 255, at a cost of	1	15	10½
Total 14,029 pints, at a cost of	<u>£194</u>	<u>3</u>	<u>5½</u>
Packets of dried milk supplied free of cost, at 1/6 per packet, 1021½, at a cost of		<u>76</u>	<u>12 3</u>

Total cost of Milk supplied £270 15s. 8½d.

A new feature of Maternity and Child Welfare work commenced during the year was the provision of dental treatment for expectant mothers, nursing mothers and young children. The fact that 8.6 per cent of the two year old children examined showed dental caries is in itself sufficient proof that if children's teeth are to be preserved dental treatment must be provided for the very young as well as for those of school age. For the mothers treatment of this kind is even more necessary, for septic absorption, arising from badly decayed teeth, has a deleterious effect not only on the mother but upon her unborn or breast-fed child. Under the scheme now in operation Miss Muriel C. Robertson, L.D.S., devotes one half-day per week to Maternity and Child Welfare work, and although this is an entirely new service, which came into operation in July last, the work already achieved is an indication of its great value.

The following is a summary of the work carried out:—

Clinic opened 19 half-days.

Attendances made by children under 5 years of age for treatment	20
Attendances made by Nursing or Expectant Mothers	13
Number of individual patients treated	20
Temporary Extractions	34
Permanent Extractions	29
Local Anaesthetics	22
General Anaesthetics... ..	3
Dressings, etc.	6



REPORT ON TREATMENT BY ACTINOTHERAPY DURING THE YEAR 1928.

Full details concerning the Artificial Sunlight Clinic, which is a branch of the Orthopaedic Clinic, have already been given in previous reports. Attendances by patients still further increased during the year, and the time available during the two days per week, when treatment by this means is provided, was fully occupied.

So much has been written recently in the press, and also in medical journals casting doubt upon the utility of light treatment, that it is necessary for anyone, who recognises its merits and still advocates its use, to say something about the faith that is in him. The warning given by the Medical Research Council regarding the wholesale exploitation of its uses was undoubtedly needed, for unscrupulous persons were making most extravagant claims regarding its virtues; their advertisements suggested that they could guarantee it as a panacea for all ills. Cases have been brought to one's personal notice where patients have been induced to undertake expensive courses of treatment for conditions which any person with the slightest knowledge of pathology would have realised could not be influenced by such treatment. Moreover the alluring recommendations contained on the catalogues of instrument makers were inducing many persons to look upon an artificial sunlight apparatus installed in the home as the Maltese peasant regards an animal's horns nailed up over his doorway, i.e., something to keep away all evil spirits and sickness from his household. The Research Medical Council has performed, therefore, a valuable public service in pointing out its limitations and its risks. Unfortunately the pendulum has swung too far in the opposite direction, for it has been stated that equally good results may be obtained by the use of a mustard plaster externally and a bottle of cod liver oil internally. It is rather remarkable that all new methods of treatment, which have proved of real value, have been received by the medical profession in a somewhat similar manner. Take for example Salvarsan, Tuberculin, Insulin—they were all hailed as specific remedies, destined to banish from the world the diseases for which they were recommended, and a short time later various observers were declaring that they were no better than the remedies already in use. All of these, however, have their uses, and the same must be said of Actinotherapy, for after three years' experience one can state definitely that it yields results in certain conditions which cannot be obtained so easily by any other known line of treatment.

Of the cases treated during the past year, the most striking results were those obtained in the treatment of Lupus. In cases treated previously the lesions had been slight, and might have

yielded readily to other forms of treatment, but during the past year three advanced cases were dealt with, and the results were surprisingly good. One patient in particular, who had an extensive lesion, spreading over the greater part of the face, has now a healthy smooth skin, showing no signs of disease anywhere. Similar excellent results were obtained in the treatment of two cases of Tubercular Dactylitis.

Again good results were recorded in the treatment of children, classed under the heading of General Debility. These children did not show the characteristic signs of any definite disease, but they were under-nourished, anaemic, irritable, and as their parents said, "could not get on." Under light treatment they became alert, their appetites improved, they slept better, and they put on weight rapidly. This form of treatment proved valuable also in cases of Rickets, Psoriasis, Enlarged Glands, Alopecia, Rheumatism, and Tubercular Peritonitis. In a few cases such as Post Encephalitic Paresis, Facial Paralysis, etc., treatment was given for its tonic effect, and not with the idea of influencing the pathological condition itself. The most disappointing results were obtained in the treatment of diseases of the chest, e.g., Asthma, Bronchitis, etc. As stated in the previous year's report, cases of Rheumatoid Arthritis also receive little or no benefit from this kind of treatment, and such cases are now dealt with by radiant heat instead.

It is possible that the diversity of results recorded in various areas may be accounted for, to some extent at least, by the differences in the prevailing atmospheric conditions. In a country or seaside district, favoured by much sunshine, artificial sunlight treatment should be unnecessary, and its influence, if employed could scarcely be great, but in an industrial area, where the ever present screen of smoke cuts off many of the valuable health-giving rays of the sun, its use is fully justified by the results achieved.

The following is a list of the cases treated at the artificial Sunlight Clinic during the year :—

A. **Children under 5 years of age.**

Rickets	32
General Debility	13
Tubercular Glands	3
Enlarged Glands (Non-Tubercular)	2
Tubercular Dactylitis	2
Bronchial Catarrh	2
Tubercular Peritonitis... ..	1
Anaemia... ..	1
Infantile Hemiplegia	1
Total	<hr/> 57

B. Children 5 years and over.

Tubercular Glands...	17
General Debility, including Anaemia, etc.	17
Weak Chest, including Bronchitis,	
Asthma, etc....	10
Rheumatism...	6
Rickets ...	6
Alopecia...	4
Enlarged Glands (Non-Tubercular) ...	4
Tubercular Spine ...	2
,, Peritonitis ...	2
,, Knee ...	1
,, Elbow ...	1
Lupus ...	1
Goitre ...	1
Chorea ...	1
Ulcerated Leg ...	1
Total ...	<hr/> 74

C. Adults.

Tubercular Glands ...	10
Rheumatism ...	7
General Debility ...	7
Tubercular Spine ...	3
Weak Chest, including Bronchitis,	
Asthma, etc. ...	3
Alopecia...	3
Post Encephalitic Paresis ...	3
Lupus...	3
Neurasthenia ...	2
Renal Rickets ...	1
Spinal Sclerosis ...	1
Tubercular Hip...	1
Neuralgia ...	1
Cellulitis...	1
Psoriasis ...	1
Sclerodermia...	1
Facial Paralysis ...	1
Total ...	<hr/> 49
Grand Total ...	<hr/> <hr/> 180

POLICE SURGEON'S REPORT.

The authorised strength of the Borough Police Force remains as in previous years at 39. This number includes the Chief Constable, 2 Inspectors, 7 Sergeants and 29 Constables. Only two changes in the personnel occurred during the year, these being brought about by resignations.

The general health of the members of the Force was quite satisfactory throughout the year. Although 153 days were lost through sickness, the illnesses reported were of a minor character, such as Colds, Lumbago, etc., and no case of serious illness occurred. Altogether 31 certificates were granted, recommending absence from duty on account of sickness, the number of men concerned being 19.

The following is a list of examinations carried out during the course of the year:—

Number of Police Consultations at the Town Hall, etc....	140
Number of Home Visits in case of sickness ...	42
Number of Recruits medically examined ...	4
Number of Examinations of Police for Extension of Service ...	2
Number of Accident Cases seen at the Police Station ...	2
Number of Examinations of other Cases (Drunkenness, etc.) ...	7

In view of the ever threatening and rapidly increasing danger from Smallpox, the immunity of the members of the Force is maintained to as high a level as possible by re-vaccination.

Eight Constables were re-vaccinated during the year.

My thanks are due to the Chief Constable, Mr. J. W. A. Danby, and to his officers, for their courtesy and help on all possible occasions.

SCHOOL MEDICAL REPORT.

I. SCHOOLS IN THE AREA.

The number of Elementary Schools still remains unchanged at 10, comprising 22 departments, but the new Council School, referred to in the last two Annual Reports, is now in course of erection, and should be ready for occupation before the close of the present year (1929). In addition to the Elementary Schools there is one Secondary School in the area, but the medical inspection of pupils in attendance there is under the control of the County Council.

The following tables give the names of the Elementary Schools, the average numbers on the Registers, and the average attendance at each school throughout the year. The total on the registers was 4,622, being 75 less than in 1927, and 95 less than in 1926.

SCHOOL ATTENDANCE STATISTICS FOR THE YEAR ENDING DECEMBER 31st, 1928.

OLDER SCHOLARS.

SCHOOL	Times Open.	Average		Attendance	
		No. on Register.	Average Attend'ce.	Percentage for year.	
Flowery Field Council.—Boys	414	..... 324	..... 298	..... 92	
" " Girls	415	..... 299	..... 270	..... 90	
Gee Cross Council, Mixed ...	407	..... 171	..... 153	..... 89	
Gee Cross Trinity, Mixed ...	417	..... 136	..... 123	..... 90	
George Street Council, Mixed	419	..... 286	..... 259	..... 90	
Godley—Mixed... ..	414	..... 228	..... 208	..... 91	
Leigh Street Council—Boys ..	419	..... 347	..... 321	..... 93	
" " Girls ...	419	..... 343	..... 311	..... 91	
Newton C.E.—Mixed	414	..... 171	..... 154	..... 90	
St. George's C.E.—Mixed ...	416	..... 417	..... 382	..... 92	
St. Paul's R.C.—Mixed	414	..... 231	..... 207	..... 90	
Water Street C.—Mixed	420	..... 229	..... 206	..... 90	
Totals ... ..	—	..... 3182	..... 2892	..... 91	

INFANTS.

SCHOOL	Times Open	Average No.		Average		Percentage	
		on Register		Attend'ce		of attendance	
		Over 5	Under 5	Over 5	Under 5	Over 5	Under 5
Flowery Field Council ...	414	189	51	162	31	86—60	
Gee Cross Council.. ...	408	48	20	40	14	83—70	
Gee Cross Trinity... ..	417	47	23	41	10	87—43	
George Street Council ...	419	103	39	93	22	90—56	
Godley... ..	414	61	24	53	16	87—67	
Leigh Street C.	408	218	77	187	44	86—57	
Newton C.E.	395	99	26	83	14	84—54	
St. George's C.E.... ..	416	142	30	122	22	86—70	
St. Paul's R.C.	403	55	28	48	12	87—43	
Water Street Council... ..	420	128	32	116	17	91—53	
Totals	—	1090	350	945	202	87—58	

II. SCHOOL MEDICAL STAFF.

School Medical Officer (and Medical Officer of Health) :

JOHN M. GIBSON, B.A., M.D., D.P.H.

Assistant School Medical Officer, etc. .

MARY EVANS, M.B., Ch.B., D.P.H.

School Dentist (part time) :

MURIEL C. ROBERTSON, L.D.S. (Glas). (From 2nd July, 1928).

School Nurses and Health Visitors :

vxo MISS A. A. SHUTTLEWORTH.

vxo MISS A. A. HOWORTH (Resigned September 8th, 1928).

vxo MISS J. PATERSON.

xo MISS I. BURRILL (From December 3rd, 1928).

v Health Visitor's Certificate, Royal Sanitary Institute.

x Certificate of Central Midwives Board.

o State Registered Nurse.

Clerical Staff (part time) :

HUBERT PIKE, M.S.I.A.

MISS GERTRUDE H. STAMP.

MISS ADA NORGROVE.

MISS MARY APPLEYARD (From 2nd July, 1928).

III. CO-ORDINATION WITH OTHER HEALTH SERVICES.

(a) Co-ordination with Infant and Child Welfare.

In describing the relationship between the School Medical and Infant Welfare services, the term co-ordination is scarcely applicable, for the same staff is concerned throughout with the work of both services, and the duties of the one are so closely interwoven with those of the other, that they may be regarded as merged into a single service. Without this fusion both services would be handicapped, for the efficiency of school medical work is largely dependant upon the attention given to children of pre-school age, whilst the value of both services is enhanced by continuity of observation and treatment. It is true record cards may be handed on from one department to another, but the record which is of greatest service is that knowledge of the children and their families which can be acquired by doctors or nurses only through personal contact at the clinics, schools, or homes. Under our present arrangements the progress of every child can be followed by the same staff throughout, right from birth until the boy or girl concerned leaves school.

(b) Co-ordination with Nursery Schools.

There are no Nursery Schools in the Borough.

(c) Co-ordination with the care of debilitated children under school age.

It has already been explained that the care of children, so far as the Public Services are concerned, rests with the same staff, whether the children concerned are of school age, or under. Moreover the facilities whereby specialised medical treatment may be obtained are available for all. Thus 8 young children from 2 years upwards were provided with glasses during the year on account of squint; 39 of the 119 children treated at the Orthopaedic Clinic were under 5 years of age; and as many as 57 of the patients treated by Actinotherapy were under 5 years of age. Even dental treatment is now provided for the

very youngest, for the services of the dentist are available for the treatment of children under school age on one half-day per week. When examined at school many children show dental caries so far advanced that the school dentist finds it impossible to save the teeth, and extraction has to be resorted to as the only satisfactory treatment. An effort is now being made to get into touch with the children at an earlier age before such extensive mischief has occurred. Even among the two year old children examined during the past year 8.6 per cent showed dental caries present, and these very young patients have been referred to the dentist for treatment.

IV. SCHOOL HYGIENE.

The hygienic conditions of the schools vary to a great extent, but, generally speaking, considerable improvements have resulted since the publication of the full and detailed report on this subject in the School Medical Report for 1925. The principal defects mentioned therein were chiefly administrative, and were due to insufficient attention by the caretakers, in some cases through neglect, but mostly through failure on their part to appreciate fully their duties. Whilst at two of the schools there is still room for improvement, the majority of the school buildings and their annexae are now well kept. Some at least of this improvement is due to the revision and publication during the past year of the school caretakers' duties, for in this little booklet the Education Committee have stated precisely the work which must be carried out by the caretakers, and, what is equally important, they have indicated that they rely on Head Teachers to see that these duties are carried out in a satisfactory manner. Too often in the past teachers have felt that they had no authority to insist upon certain duties being carried out, but this point is now definitely settled. So far as the school buildings themselves are concerned, two of the oldest now in use will shortly be vacated in favour of a new school which, as already mentioned, should be ready for occupation before the close of the present year, and whilst the position, structure, and, in some of the others, equipment are far from perfect, all are at present in a good state of repair. Four of the schools were decorated throughout during the year.

The outstanding structural defect, which calls for attention at a number of schools, is the unsatisfactory state of the playgrounds. Improvements have already been effected in some cases, for two playgrounds were re-surfaced with tar and macadam during the past year, but apparently in the case of certain schools, where conditions are at their worst, the Education Authority, though willing to help, is debarred from doing so because the schools in question are not the property of the Corporation. It is a pity if obstacles of this kind cannot be surmounted when the comfort, recreation, and even health of the children are at stake. Moreover now that the teaching of hygiene is given such a prominent place in the school curriculum, cleanliness within the school building is essential from an educational point of view, as well as for health reasons, and however willing and energetic a school caretaker may be, it is quite impossible for him to keep his school clean if the playground resembles a dust heap in Summer and a quagmire in Winter.

As the term "School Hygiene" includes also instruction given to the children on health matters, reference must be made to the stimulus which has been given to Public Health work in all its branches by the circulation to Head Teachers of the "Handbook of Suggestions on Health Education" published by the Board of Education. Talks on health matters and the prevention of disease have been given by most teachers for many years, but these were regarded as addenda of little or no educational interest. The teaching of hygiene in all

its hearings is now pointed out to be one of the most important subjects on the school curriculum, and the handbook referred to gives an excellent outline of the subject and of the manner in which it should be presented to the children.

The instruction which is being given in this manner in the schools is undoubtedly the best health propaganda work which has yet been undertaken. We may arrange during a "health week" to have addresses given to the public by an experienced lecturer, but even if the audience is satisfactory so far as numbers are concerned, we find that most of those present are already interested in health matters, and that we are not reaching those who need conversion. We know we are achieving something when we meet the mothers of the district at the Child Welfare Centres, and point out to them not only collectively, but individually, the needs of their children, yet we have reason to believe that in certain cases more attention is given to what is said by some "Sarah Gamp" who happens to live next door. In dealing with the children, however, we are giving instruction at a time when their minds are receptive, and their habits are plastic—before their pathway through life has become a rut, surmounted on either side by prejudice, from which it becomes well nigh impossible to dislodge them. For the present we cannot point out the results of this instruction, for these can show themselves only in years to come, but we sow the seed with every assurance that the harvest will be bountiful, for already we know that it is falling upon good soil. We had proof of this in the essay competition, organised by the Royal Sanitary Institute in October last, when essays on "Why is cleanliness the first law of health" were submitted by children from all the schools in the area. The essays received could be described only as excellent, for even if they were not all models of English composition, they displayed an extensive knowledge of the principles of healthy living. It is gratifying to note that four of the prizes offered by the Royal Sanitary Institute for the best essays were won by Hyde children.

V. ARRANGEMENTS AND METHODS ADOPTED FOR THE MEDICAL INSPECTION OF THE CHILDREN.

(a) Age Groups of the children inspected.

The usual three groups of children were examined at the routine inspections:—

- (1) Entrants, age 6, or under if they had not been previously examined as entrants.
- (2) Intermediates, age 8.
- (3) Leavers, age 12 or over, if they had not previously been examined as leavers.

The numbers examined in each group are shown in Table I at the end of this report to have been 535 Entrants, 486 Intermediates and 453 Leavers. The numbers of Intermediates and Leavers approximate fairly closely to the average, for taking into account that there are 4,272 children in attendance between the ages of 5 and 14, one would expect that about 470 children should be brought forward for examination in each group. The number of entrants is again high, but as explained in last year's report this is due to the inclusion of children under 5 in the entrant group. Up till the year 1926, only children over 5 and under 7 were included in the Entrant Group, but in accordance with the Board of Education (Special Services) Regulations of 1925 all are now medically inspected "as soon as possible in the twelve months following their first admission to the Public Elementary Schools. There were 350 children under 5 years of age in attendance during the past year.

In addition to the 1,474 children examined during the year as routines a total of 2,669 were examined as specials. This group includes 923 who were examined at the schools, and 1,746 dealt with at the school clinic. Among the specials examined at the school are included children specially brought forward for examination by the teachers or parents on account of some suspected disease or defect, children who are found defective in previous years and not reported cured, and a small group of children who for some reason or other have missed either the Entrant or Intermediate examinations.

(b) The Board's Schedule of Medical Inspection was followed in detail.

(c) **Steps taken to secure the early ascertaining of crippling defects.**

If the quest for cases of crippling is to be really successful, we must not only look for them—we must also be in a position to offer assistance when we find them, for however extensive our enquiries may be, or thorough our examinations, certain cases will never be brought to notice unless we have gained from the parents that confidence and co-operation which can be secured only by a knowledge that there is in operation some scheme, or arrangement, through which assistance in the form of treatment may be obtained if required. We are fortunately in a position in Hyde to offer that assistance, for the arrangements made by the Hyde Orthopaedic After-Care Committee offer expert advice and skilled treatment for all, and as a result we find defective children brought to notice when the only abnormal sign may be perhaps a slight alteration in gait or a tendency to use one hand more than the other. Such apparently insignificant departures from the normal way, if pointed out by an observant mother, call attention to an incipient deformity, or weakness, as its earliest stage when it is most amenable to treatment.

The majority of crippling defects are of course brought to notice as a result of medical examinations, and our combing out process in this respect must be fairly complete. In the first place over 60 per cent of all babies born in the area are medically examined during their first year. Again at 2 years of age an effort is made to have all the children examined by pointing out to parents, both by letter and by visitation, the necessity of such examinations, and inviting their co-operation. These examinations are, needless to say, not compulsory, but the Health Visitors endeavour to visit all young children six times during their first year and once a year subsequently, so that there are many opportunities available for ascertaining if the children visited are in all respects normal and healthy. If the Health Visitors discover any signs of deformity, or ill-health, parents are advised to seek medical advice, and it is seldom that such an appeal is ineffective. There are still, of course, a number of parents who seem so forgetful of their children's outlook in life that even with the knowledge that the examination will be carried out entirely free of cost, they are unwilling to sacrifice an hour or so of their time to ascertain if their children are healthy and well, but few are so indifferent or callous as to remain inactive when it is pointed out to them that certain defects, which may be a great handicap in later life, can be alleviated, or entirely cured, by early treatment. Then again all children are examined as soon as possible after they commence to attend school, and many of these are little more than babies when first medically inspected, for our figures show that roughly one half of all the children in the district commence school before they reach 5 years of age. When it is realised that the earliest arrivals at school invariably include those children whose parents are to any extent neglectful or careless, it becomes obvious that the majority, if not all, of the children of the Borough are medically examined when very young, and that crippling and such like defects are brought to notice at an early stage.

VI.—FINDINGS OF THE MEDICAL INSPECTION AND MEDICAL TREATMENT.

(a) Uncleanliness.

Probably no aspect of School Medical work has been so striking as the steady reduction recorded year after year in the number of cases referred for treatment on account of uncleanliness. It has been suggested that as uncleanliness cannot strictly speaking be regarded as a medical defect, the question of personal cleanliness might well be omitted altogether from the purview of school medical inspections. It is true it is closely associated with education and the valuable instruction in hygiene, which is now being given in the schools by the teachers, is rapidly uplifting the whole standard of cleanliness amongst the children, but uncleanliness is so intimately related to disease that every effort must be made by the school medical staff, as well as by the teachers, to emphasise its importance. At last year's routine medical inspections only 27, or 1.9 per cent, were classified as unclean, this being the lowest figure yet recorded. As mentioned in the previous year's report the percentage of children found unclean at the medical inspections is scarcely a fair criterion of the real conditions obtaining, for parents are notified by letter of the day and time when their children are due for examination. The nurses' visits, however, are surprise visits, and it is interesting to note that the percentage of children found by them to be unclean is also steadily declining year by year. The figures for the last 3 years were 5.6 per cent in 1926, 4.1 per cent in 1927, and 2.1 per cent in 1928.

The following figures show the numbers and percentages of children reported for uncleanliness by the nurses at each of the schools:

UNCLEANLINESS.

School.	Dept.	Position on last year's list	Number inspected.	Number found unclean.	Per- centage.
Flowery Field... ..	Boys... ..	1	743	0	.0
Gee Cross Council.	Infants... ..	1	161	0	.0
Gee Cross Council.	Mixed	4	430	3	.6
Leigh St. Council ..	Boys... ..	2	626	5	.7
St. Mary's C.E.	Mixed	3	373	3	.8
Leigh St. Council ..	Infants... ..	11	707	11	1.5
St. John's C.E.	Infants... ..	19	60	1	1.6
St. George's C.E... ..	Mixed	5	827	14	1.6
Holy Trinity	Mixed	13	244	4	1.6
St. Mary's C. E.	Infants... ..	7	205	4	1.9
St. George's C.E.. ..	Infants... ..	15	284	6	2.1
Holy Trinity	Infants... ..	6	93	2	2.1
Flowery Field	Infants... ..	12	643	16	2.4
St. Paul's R.C.	Mixed	10	219	6	2.7
Flowery Field	Girls.	8	783	22	2.8
St. John's C.E.	Mixed	14	203	6	2.9
Water Street	Mixed	9	406	13	3.2
Leigh St. Council ..	Girls... ..	16	920	31	3.3
George St. Council.	Mixed	18	432	15	3.4
St. Paul's R.C..	Infants	17	52	2	3.8
George St. Council.	Infants	21	207	12	5.7
Water St. Council ..	Infants	20	254	19	7.4
			8872	195	2.1

A gratifying feature about the above list, though not indicated upon it, is that every one of the schools has shown an improvement when compared with the previous year, the percentage figures being in most cases roughly one half of those of the preceding year.

One cannot, of course, feel satisfied with the conditions prevailing in the few schools which produce such high figures as those recorded at the bottom of the list, but with the efforts that are being made one can confidently predict that further improvement will follow. All children in attendance are examined by the School Medical Officer at the time of the school medical inspection; in addition to this the nurses endeavour to carry out three inspections during the year, so that as a rule every school is visited once a quarter. Owing to changes in staff and the unavoidable delay in filling a vacancy during the past year, the number of inspections by the nurses was reduced at most of the schools to two, but during the present year it is hoped that the usual number of inspections will be possible. As it has been found in the past that the same children, or at any rate children from the same families, are found unclean time after time, arrangements have been made to keep these children under closer supervision. Special cards are now being made out and kept at the school clinic for all children reported for uncleanliness, and the children whose names appear on these cards are examined once per month, either at the clinic or at their schools, until their records show that a definite improvement has occurred.

(b) **Minor Ailments.**

The number of ailments dealt with during the year is shown in Group I of Table IV., and is again the highest on record. It must not be assumed from this that the number of such ailments is necessarily increasing; the steady increase in cases treated simply means that gradually more and more use is being made of the school clinic, where the majority of these ailments are brought to our notice for the first time, and that the school clinic is fulfilling more completely the function for which it was intended.

The increase is confined chiefly to minor injuries, such as cuts, bruises, sores, etc.; also to minor eye and ear defects. There were fewer cases of Ringworm, Impetigo, and Scabies.

The following table shows the very large number of cases dealt with at the School Clinic during the year. Dental cases treated by the School Dentist are not included.

MONTHLY REPORT OF CASES TREATED AT SCHOOL CLINIC, YEAR 1928.

Defect or Disease.	New Cases. Total Attendances.	
Minor Injuries... ..	269	1988
Malnutrition	9	24
Uncleanliness:—		
Head	76	297
Body	—	—
Skin—Ringworm		
Head	22	356
Body	18	142
Scabies... ..	9	96
Impetigo	195	2064
Other Skin Diseases (Non T.B.) ...	80	330
Eye—Blepharitis	43	449
Conjunctivitis	64	600
Keratitis	1	1
Corneal Ulcer	10	51

Defect or Disease.	New Cases. Total Attendances.	
Corneal Opacities	3	10
Defective Vision	189	579
Squint	32	66
Other Conditions	39	164
Ear—Defective Hearing	32	103
Otitis Media	101	1815
Other Ear Conditions	27	93
Nose and Throat—Enlarged Tonsils	38	86
Adenoids... ..	15	36
Enlarged Tonsils and Adenoids	86	206
Other Conditions	271	1216
Enlarged Cervical Glands (Non. T.B.)	36	139
Enlarged Thyroid	2	11
Defective Speech... ..	4	4
Heart and Circulation—		
Heart Disease, Organic	4	23
Functional	—	—
Anaemia	13	34
Lungs—Bronchitis	71	298
Other Non T.B. Diseases	37	138
Tuberculosis—Pulmonary—		
Definite	—	—
Suspected	5	13
Non-Pulmonary—		
Glands	3	17
Spine	1	1
Hip... ..	—	—
Other Bones and Joints... ..	1	1
Skin... ..	—	—
Other Forms	—	—
Nervous System—Epilepsy	—	—
Chorea	8	21
Other Conditions	4	9
Deformities—Rickets	—	—
Spinal Curvature... ..	1	1
Other Forms	18	38
Other Defects and Diseases... ..	119	333
Brought for Examination (No defect found)	39	66
	1994	11919

(c) Tonsils and Adenoids.

Whatever the case may be, our figures during recent years seem to indicate that the number of children who show enlargement of the tonsils and adenoids is steadily increasing. During the past year treatment was recommended in 186 cases, and in a further 490 cases the condition was noted for further observation.

Many enquiries have been undertaken to ascertain the cause of this pathological condition and its tendency to increase, but so far no definite information is forthcoming. A very extensive and detailed enquiry, organised by the Board of Education, is at present in operation, and there is every reason to believe that when the Committee's investigations have been completed, and its findings summarised, valuable information on the subject will be forthcoming. Recent statistics seem to indicate that the condition is closely correlated with some deficiency in diet, and that enlarged tonsils and adenoids are merely the end product of a chronic catarrhal condition of the pharynx resulting from a scarcity in the dietary of some of the essen-

tial elements. In this connection it is of interest to note that of the children who are receiving free meals at the School Canteen, 10 per cent have undergone operations for enlarged tonsils and adenoids. 17 per cent have enlarged tonsils or adenoids at present, and an additional 14 per cent, or 20 per cent altogether, have enlarged cervical glands. These figures are, of course, much above the average.

In certain cases enlargement of the tonsils is not accompanied by any symptoms of disease, or disability, and in time the enlargement may subside. Where, however, the enlargement is accompanied by frequent catarrhal attacks, or by adenoid growths which obstruct nasal breathing, the sooner operation is undertaken the better, for such conditions lead to deafness and perhaps to inflammation of the ears, with the risk of further complications. Nasal obstruction also leads to mouth breathing, and therefore opens the way to lung disease, for air inhaled through the mouth is actually harmful, inasmuch as it lacks that filtration, moisture, and heat, which it normally receives during its passage through the nose.

Of the 186 children from whom treatment was recommended during the past year, operation was advised in 148 cases, and of this number 89 were operated upon, 82 being done under the Authority's scheme at Ashton Infirmary, 5 by private practitioners, and 2 at hospitals in Manchester. Of the remaining 59 cases, 6 had left the district before the close of the year, and in 12 cases operation was definitely refused. This leaves 41 cases still unaccounted for; a few of these were awaiting operation, but in the majority of cases the parents have delayed treatment in the hope that operation may be unnecessary.

(d) **Tuberculosis.**

It will be observed from Table II that 12 definite cases of Tuberculosis were dealt with during the year. In addition, the names of 8 children have been noted as suspicious cases, and their progress is being closely watched, for it is only by careful observation in early cases that a definite diagnosis becomes possible. At the close of the year an examination was carried out of all the children of school age whose names appeared on the Tuberculosis Register. In 4 cases the condition was considered completely cured, and the names of the children concerned have been removed from the register. There still remain 23 names on the register, classified as follows:—

Tuberculous Glands	16
Pulmonary Tuberculosis	3
Tuberculous Spine	1
Tuberculous Elbow	1
Tuberculous Sacro-Iliac Joint	1
Lupus... ..	1

In the treatment of Non-Pulmonary Tuberculosis, Actinotherapy or artificial sunlight, has been found to give encouraging results, regarding which further information is given in this report. The following is a list of the cases treated by this means during the year: the list includes children under school age:—

Tuberculous Glands	17
Tuberculous Peritonitis	3
Tuberculous Dactylitis... ..	2
Tuberculous Knee... ..	1
Tuberculous Elbow... ..	1
Tuberculous Spine	1

(e) **Vision.**

Of the 1,474 children examined as routines, 254 or 17 per cent. were found to have defective vision or squint. In 152 cases, the defect was either very slight or had been corrected by glasses, so that altogether 102, or 7 per cent, were referred for further testing by refraction.

In addition to the routines, 157 children, classified as specials, were referred for refraction. These include children brought to notice either at the schools, or school clinic, by the head teachers, or parents, and also those children who had been examined by refraction during the previous year, and were then asked to attend subsequently for a retest. With certain types of visual defects, especially in myopic conditions, the degree of refractive error may alter considerably in the course of a few months, and so glasses which were quite correct when ordered may in a short time become totally unsuitable. Such cases obviously require to be retested at frequent intervals, and new glasses ordered if found necessary.

Of the 259 children for whom treatment was recommended, 221 were dealt with at the school clinic, 5 submitted to refraction by a private practitioner, or at hospital, and 9 obtained glasses direct from an optician. This gives a total of 235 treated out of 259; of the remainder, 6 left the district or ceased to attend school during the year, and in 18 cases the parents refused to allow their children to wear glasses or even to be examined under atropine.

The number of refusals is, of course, small in comparison with the number treated, but it is surprising that there should be as many as 18 cases where the parents seem incapable of appreciating the grave injustice they are inflicting upon their children by their obstinacy. It is not a question of expense which prevents acquiescence, for all examination by refraction are carried out entirely free of cost, and the Education Committee pays for the glasses required in cases of hardship. The only two reasons ever given for refusal are either a dislike for the appearance of glasses or a disinclination to believe that any visual defect really exists at all. One has little patience with parents who are willing to sacrifice their children's eyesight on the altar of vanity, but there is some excuse for those who are guided by the principle that there can be "nothing wrong because he never complains," seeing that in many instances visual defects are by no means obvious. In such cases parents are asked to attend the school clinic so that the defects and their probable consequences, if left untreated, may be pointed out. The greatest confusion arises in connection with children whose visual defect is limited to one eye only, for if the other eye is normal, visual acuity either for distance, or for near objects is unimpaired. Parents do not realise in such cases that if the defect in the abnormal eye is not corrected by suitable glasses, the vision of that eye will gradually deteriorate, and finally it may become amblyopic, or blind, from disuse.

As might be expected, children do not always appreciate the importance of wearing their glasses constantly, and cases have been met with in the past where the children seldom, if ever, made use of the glasses provided for them; it was noted that neglect in this respect was most frequently found when the glasses had been supplied free of cost. Difficulties of this kind have been overcome by the co-operation of head teachers, who are now supplied with lists of all the children in attendance at their school, for whom glasses have been prescribed. These lists are revised during school medical inspections, and additions are made to them monthly by forwarding the names of children for whom glasses were prescribed during the month.

The following table shows the numbers in attendance at the various schools at the end of the year for whom glasses had been prescribed, either at the Clinic, or elsewhere.

**LIST OF CHILDREN WHO SHOULD BE WEARING GLASSES
AT THE FOLLOWING SCHOOLS.**

Schools.	No.	Percentage.
St. George's C.E.	78	13.2
St. Paul's R.C.	40	12.7
Leigh Street Council... ..	113	10.4
Water Street Council... ..	39	10.0
George Street Council	40	9.3
St. John's C.E.... ..	29	9.2
Gee Cross Council... ..	18	7.5
Flowery Field	62	7.1
Holy Trinity... ..	14	6.7
St. Mary's C.E.	20	6.7

The following is a list of the conditions found in the 221 children examined at the School Clinic during the year:—

Hypermetropic Astigmatism	71
Myopic Astigmatism... ..	47
Myopia	36
Hypermetropia	32
Mixed Astigmatism	23
Anisometropia	5
Emmetropia	4
	—
	221

(f) Dental Defects.

The extended dental scheme, outlined in the Annual Report for 1927, came into operation on July 2nd, when Miss M. C. Robertson, L.D.S. (Glasgow), took up duty as whole-time dentist for the Boroughs of Hyde and Glossop. In accordance with the terms of the appointment 4 sessions per week of 3 hours each are apportioned to Glossop, 6 are reserved for the examination and treatment of school children in Hyde, and one session (Saturday morning) is allotted to the Hyde Maternity and Child Welfare Committee for the treatment of children under school age and expectant mothers.

Full particulars concerning the numbers inspected will be found in Table IV. at the end of this report. It will be seen there that a total of 1,233 children were treated during the year, this being roughly one quarter of the whole school population. This may seem a large proportion, yet it is little more than one-third of those who actually require treatment, for at the school medical inspections the condition of the teeth of all children examined is recorded, and as many as 1,192, or 82 per cent, were found last year to have some degree of dental caries present. Assuming that the children examined in the routine groups may be taken a fair example of the entire school population, it would appear that roughly 3,700 require dental treatment. Even with our extended service it would be impossible to treat so many children in one particular year, but in a short time, when all the leeway has been made up, the benefit of the work done will become apparent, and it is believed that the scheme will then be complete, that is to say, capable of dealing each year—perhaps twice a year—with every child in need of treatment. For the moment, attention is being concentrated on children up to 8 years of age. When these have all been dealt with, they will be inspected twice every year, and any defects found will be treated immediately. As the number of defective children in this group diminishes the older

groups will gradually be absorbed, and in time it should be possible not only to inspect all the children twice a year, but also to give all the treatment required.

A promising feature of the work is that as the inspection work becomes more frequent it should be possible to save a much larger proportion of the teeth. At present very many teeth are so badly decayed when first brought to notice, that extraction is the only possible form of treatment; this is demonstrated by the figures in Table IV., which show that the proportion of fillings to extractions is roughly 1 to 6. We cannot regard our work as satisfactory until we find this proportion very much increased, and in time it may be possible even to see it reversed.

No particular section of medical work illustrates more clearly than the dental branch the need for close co-operation between the School Medical and Maternity and Child Welfare Services, for we could never hope to attain the ideal here outlined unless some scheme were in operation whereby children could receive dental treatment before they enter school. Many show advanced dental caries at that early age; even among the 2 year old children who were medically examined at the Maternity and Child Welfare Centre during the past year as many as 8.6 per cent showed the presence of dental caries. As mentioned previously we fortunately have such a scheme in operation in Hyde, so we feel we are getting right to the beginning of the mischief with every prospect of checking it and saving the teeth.

(g) **Crippling Defects.**

Table II (at end of this report) shows that altogether 97 children, with deformities of various kind, were referred for treatment during the year. In some cases the deformity present was so small in degree and importance that the only treatment required was a little extra attention from the teacher in charge during drill instruction. The majority of the children, however, were treated at the Orthopaedic Clinic, which continues to render such splendid service to the children of Hyde and surrounding districts. It will be remembered that when the clinic was opened about 3 years ago, there seemed to be so few crippled children in the Borough that doubt was expressed as to the wisdom of such a step, but since its opening the members dealt with have steadily increased until there are now 119 names on the register.

As explained in the report for 1926, the Clinic is operated by a Voluntary Committee, quite independent of the Corporation or Education Committee, and the whole scheme is supported by voluntary subscriptions. Both the Maternity and Child Welfare and the Education Committees are, however, represented on this Committee, and both make annual grants of £30 each towards the expenses incurred; in addition they pay for all surgical appliances, surgical boots, X-Ray examinations, etc., for infants and school children, where the parents are unable to do so. Mr. H. Poston, M.Ch., the Surgeon-in-Charge, visits the clinic once per month—on the third Monday of each month—when he examines all cases requiring attention, and he subsequently arranges for the admission of cases requiring operation to Ancoats Hospital, Manchester. Cases requiring massage, plaster renewals, or adjustment of appliances, are attended to by Miss E. Caldwell, from Ancoats Hospital, who is at present at the Clinic $2\frac{1}{2}$ days per week. In addition to carrying out the Orthopaedic After-Care work, she administers the Artificial Sunlight and Radiant Heat treatment, under the supervision of your Medical Officer, who is honorary Medical Officer to the Voluntary Committee.

The Orthopaedic Clinic does not limit its services to children only; it offers assistance to all, irrespective of age, and residents from neighbouring districts have received the same attention as Hyde residents. This report, however, deals with Hyde children only, and our records show that of these the following were treated during the year:—

A. Children over 5 years of age.

Cause of Defect.	Condition.	Number of Cases.
Rickets	Genu Valgum, Genu Varum, Deformity of various bones of body	22
Infantile Paralysis	Talipes Equinus, Shortening of Leg, Paralysis of groups of muscles	13
Congenital Defect	Club Foot... ..	5
	Dislocation of Hip... ..	4
	Deformed Chest	5
	Spinal Curvature	2
	Spina Bifida	1
Birth Palsy	Partial Paralysis of Arm... ..	2
	Partial Paralysis of Leg	1
Injury	Deformed Arm	4
	Deformed Leg.	3
	Torticollis	1
Tuberculosis	Deformed Elbow Joint	2
	Deformed Hip Joint	1
	Amputation of Foot	1
	Spinal Deformity	1
Acquired Defect	Flat Feet	4
	Torticollis	3
	Exostosis	1
	Spinal Curvature	1
	Pseudo-Coxalgia	1
	Schlatter's Disease	1
	Spastic Paraplegia	1
Total		80

B. Children under 5 years of age.

Cause of Defect.	Condition.	Number of Cases.
Rickets	Bending and other deformities of bones	22
Congenital	Club Foot and Talipes Equinus... ..	7
	Weak Spine	1
	Dislocation of Hip	1
	Webbed Fingers	1
	Hydrocephalus	1
	Deformed Toe... ..	1
Birth Palsy... ..	Paresis of Muscles of Arm	2
Injury at Birth.	Torticollis	2
Accident	Deformed Ribs	1
Total		39

VII. INFECTIOUS DISEASES.

The amount of Infectious Disease amongst school children was less than during the previous year, the outstanding features being an epidemic of Measles, which occurred at the beginning of the year, and one of Whooping Cough at the close of the year.

The following is a list of the Infectious Diseases which were notified under the Infectious Diseases (Notification) Acts of 1889 and 1899.

Scarlet Fever	33
Diphtheria	20
Pneumonia	11
Tuberculosis (Non-Pulmonary)	8
Tuberculosis (Pulmonary)	1

The tables which follow show the distribution of the cases of Scarlet Fever and Diphtheria throughout the schools during the various months of the year. The fairly uniform distribution of cases amongst the schools and throughout the entire year indicates that the schools were not responsible, to any great extent at least, for the spread of infection.

Of the non-notifiable Infectious Diseases the chief are Measles, Whooping Cough, Chicken Pox and Mumps. Information regarding the prevalence of these diseases can be obtained only through the schools, but it is fairly complete, for Head Teachers report all cases in which Infectious Disease is suspected, and as many as possible of these are subsequently visited by the Health Visitors. The distribution of cases is shown in one of the tables which follow.

In an urban area where the children mingle so freely when at play, school closure is now seldom resorted to as a means of preventing the spread of infectious disease, but in accordance with Rule 23 of Schedule IV of the Education Code, if the School attendance falls below 60 per cent during the course of an epidemic, certificates may be given to the effect that the low attendance was accounted for by the prevalence of infectious disease. The exceedingly low prevalence of infectious disease during the past year is demonstrated by the fact that only 2 such certificates were required.

The schools concerned were as follows:—

School.	Department.	Week Ending.	Disease.
Leigh Street	Infants	January 27th	Measles.
St. Paul's R. C. ...	Infants	April 20th	Measles.

CASES OF DIPHTHERIA OCCURRING AMONGST SCHOOL CHILDREN DURING THE YEAR 1928.

SCHOOL.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Leigh Street Council	1	1	1	—	1	—	—	—	—	—	—	—	4
Flowery Field	—	—	—	—	1	—	—	—	—	—	—	—	1
St. George's C.E. ...	1	—	—	—	—	2	1	—	—	—	—	1	5
Gee Cross Council ..	1	—	—	—	—	—	—	—	—	—	—	—	1
Holy Trinity... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Water Street	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Paul's R.C.....	—	—	—	—	1	—	—	—	—	—	—	—	1
St. John's, Godley...	—	—	1	—	—	1	—	—	—	—	—	1	3
St. Mary's, Newton.	—	—	—	—	—	—	—	1	—	—	—	—	1
George Street.	1	1	—	—	—	1	—	—	—	—	—	—	3
County & other Schools	—	—	—	—	1	—	—	—	—	—	—	—	1
	4	2	2	—	4	4	1	1	—	—	—	2	20

CASES OF SCARLET FEVER OCCURRING AMONGST SCHOOL CHILDREN DURING THE YEAR 1928.

SCHOOL.	Jan.	Feb.	Mch.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Leigh Street	—	—	—	—	—	—	—	—	—	1	3	3	7
Flowers Field	2	—	5	—	—	1	—	—	—	—	1	—	9
St. George's C.E.	3	1	—	1	—	—	—	—	—	—	—	—	5
Gee Cross Council ...	—	1	—	—	—	—	—	—	—	—	—	—	1
Holy Trinity... ..	1	—	—	—	—	—	—	—	—	—	—	—	1
Water Street	2	—	1	—	—	—	—	—	—	—	—	—	3
St. Paul's R.C.	—	—	—	—	1	—	—	—	—	—	—	—	1
St. John's, Godley..	—	—	—	—	—	—	—	—	—	2	—	—	2
George Street	1	1	—	—	—	—	—	—	—	—	—	—	2
St. Mary's, Newton	—	—	—	—	—	—	—	—	—	—	—	—	—
County and other Schools	—	—	—	1	—	—	—	—	—	—	—	1	2

Totals	9	3	6	2	1	1	—	—	—	3	4	4	33
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DISTRIBUTION OF CASES OF MEASLES. WHOOPING COUGH, CHICKEN POX, AND MUMPS AMONGST SCHOOLS.

School.	Measles.	Whooping Chicken		Mumps.	Month.	Measles.	Whooping Chicken		Mumps.	Totals.
		Cough.	Pox.				Cough.	Pox.		
Leigh Street	62	.....	6	.....	January	41	1	.....	—	42
Flowerly Field	11	.....	4	.....	February	34	2	.....	—	36
St. Paul's	15	.....	6	.....	March	21	5	.....	1	27
George Street	21	.....	—	.....	April	32	3	.....	—	35
St. John's	6	.....	—	.....	May	22	—	.....	—	22
Gee Cross Council...	—	.....	1	.....	June	6	—	.....	—	6
Holy Trinity	—	.....	—	.....	July.....	—	5	.....	—	5
St. George's...	4	.....	2	.....	August	—	1	.....	—	1
St. Mary's	16	.....	19	.....	September	—	5	.....	—	8
Water Street	21	.....	1	.....	October	—	—	.....	—	3
156		37	39	1	November	—	8	.....	—	29
					December	—	9	.....	—	19
Totals						156	37	39	1	233
Total in 1927						111	35	216	59	

VIII. FOLLOWING UP OF CHILDREN SUFFERING FROM DEFECTS.

As explained in previous reports, when children are found at the school medical inspections to require medical treatment, the parents are notified of the defects discovered at the earliest opportunity. This is a simple procedure if the parents are present, and much more satisfactory to all concerned, for not only can the defects found on examination be pointed out, but their importance or insignificance as the case may be, can be explained and at the same time the question of treatment, if considered necessary, can be fully discussed. If parents are not present at the inspections, notifications of the defects found are forwarded to them, via the children, from the schools on the same day, and they are recommended to either consult their own doctors or attend the school clinic.

As soon afterwards as possible lists are made out of all the children who were found to be in any way defective, separate defect lists being prepared for the various schools. Copies of these defect lists are handed to the Health Visitors for the areas concerned, and it becomes their duty to keep under observation every child whose name appears on the lists until the defect mentioned has received treatment, or until the illness, from which the child was found to be suffering, has abated. Information on these points may be obtained at the school clinic, or at the school, or it may be necessary to visit the home. Indeed several home visits in particular cases may be necessary before satisfactory action is secured.

Further following up is secured when the School Medical Officer re-visits the various schools towards the end of the year, and re-examines all those children who appear from the nurses' remarks on the defect lists to require attention. At these re-inspections parents are specially invited to attend so that any difficulties or misunderstandings that may have arisen may be discussed.

The function of the defect lists is not ended even then, for all children whose defects do not seem to have been completely remedied at the close of the year are examined again as specials during the following year, when the routine medical inspections are in progress.

Below is a summary of the home visits paid by the School Nurses during the year:—

Following Up Visits By Nurses.

Malnutrition	2
Uncleanliness	11
Impetigo	16
Scabies... ..	4

Following Up Visits by Nurses—Continued.

Other Skin Diseases	8
Defective Vision and Squint	87
Blepharitis	6
Conjunctivitis... ..	1
Defective Hearing	5
Otorrhoea	12
Enlarged Tonsils and Adenoids... ..	67
Tonsillitis	10
Other Diseases of Nose and Throat ...	3
Enlarged Thyroid	6
Enlarged Cervical Glands	8
Dental Caries	32
Heart Disease	12
Anaemia	18
Bronchitis	54
Rickets	3
Infantile Paralysis	1
Scoliosis	3
Other Deformities	10
Chorea	2
Colds	2
Influenza	4
Measles... ..	242
Chicken Pox	24
Mumps... ..	1
Whooping Cough... ..	64
Post Scarlatina	1
Rheumatism	3
Minor Injuries... ..	9
Other Defects and Diseases	22
Total	<hr/> 753

IX. OPEN-AIR EDUCATION.

The majority of the playgrounds are not suitable for open-air education, but at a few schools, classes are often held in the open-air during the Summer months. In addition a number of school-journeys to the country, or to the parks, are arranged by the teachers, but no definite schemes are in operation.

X. PHYSICAL EDUCATION.

There is no organiser of Physical Drill in the area, but many of the teachers have attended courses in physical drill, and good instruction is given at all the schools. Dancing is widely practised, and every encouragement is given to games which embody the team spirit. The new playing ground, referred to in last year's report, should prove a valuable acquisition, as it will offer increased facilities for football, hockey, and such like games.

XI. PROVISION OF MEALS.

The provision of meals to necessitous children was continued during the year as in previous years, all the food provided being supplied at the School Canteen, Mechanics' Institute. The number of families assisted from time to time follows very closely the prevalence of unemployment in the district. One finds, for example, that, as the number of totally unemployed increased slightly during the year from roughly 750 in January to 950 in December, so the average daily attendance of children increased from 59 to 76.

The following figures show the attendances and number of meals provided during 1928:—

PROVISION OF MEALS.

Month.	Number of meals provided.	Daily average attendance at meals.
January	883	59
February	1185	59
March... ..	1553	62
April	818	59
May	1169	62
June	1279	67
July... ..	1405	70
August	732	73
September	1022	73
October	1520	76
November	1792	78
December... ..	1143	76
<hr/>		
Total	14501	

Average cost per meal, food only, 1.93d.

Average cost per meal, service only, 3.97d.

Average cost per meal, food and service, 5.90d.

When the provision of meals was first decided upon as an Educational measure to assist those children who through lack of food were unable to derive full benefit from the education provided for them, it was believed that the scheme would remain in operation for a short period only, but unemployment unfortunately has not been of the transient character then expected. The numbers of unemployed ebb to and fro, but never reach zero, and whilst so many people find it impossible to obtain regular work, the necessity for school feeding will continue.

Once a scheme of this kind is put into operation, however, there is the danger that it may progress along the pathways of least resistance, and in time cease to fulfil the function for which it was originally intended. It behoves us from time to time to investigate if we are supplying nourishment only where it is required, if the food is of the right kind and of sufficient quantity, and if the children assisted are receiving the maximum benefit possible from the expenditure incurred.

It can be definitely stated that the scheme, as administered at present, is not abused, for full enquiries are made into the family cir-

cumstances of all applicants, and free meals are not provided unless the family income is under 8s. per head. Cases have occurred where parents in better financial circumstances have asked for assistance, but none have persisted in their demands when it was pointed out to them that they must contribute something towards the cost.

Under the scheme in operation dinners only are provided, and no food is given on Saturdays nor during holidays. The menu varies a little from day to day, but follows a definite 5 day sequence, and the following list shows on an average the amounts of the various food stuffs provided :—

Supply for one week (5 days) for 80 Children.

Article of Food.	Quantity supplied per child per day.
Potatoes	112 lbs. 4.5 ozs.
Bread	100 lbs. 4 ozs.
Meat	12 lbs. 0.48 ozs.
Peas	11.2 lbs. 0.45 ozs.
Beans	11.2 lbs.... .. 0.45 ozs.
Jam	7 lbs. 0.28 ozs.
Flour	6 lbs.... .. 0.24 ozs.
Margarine	1½ lbs. 0.06 ozs.
Lard	1 lb. 0.04 ozs.

Bones—6d. worth for stock. Small quantities of condiments.

It cannot be said that this dietary is quite satisfactory. A glance at the above list will show that a meal consists largely of potatoes and bread. The amount of meat given is very small indeed, and dairy products, which are such valuable food stuffs for children, are entirely absent. If examined in detail it will be found that the meal contains an excessive amount of carbohydrates, too little nitrogen, and scarcely any fat at all, whilst it is deficient in vitamins—those mysterious substances which are so essential for growth, development, and good health.

One realises that the question of cost has to be carefully watched, but what is more important is value for money spent, and if the meal provided is to be of real service, it undoubtedly requires a little “stiffening.” This could be effected by a more liberal supply of butcher’s meat, by the addition of green vegetables, and by the inclusion of certain fats, such as butter. Probably the simplest method of improving the meal—one which can be strongly recommended, would be to supply with it daily half a pint of fresh milk. The protein contained in milk is specially beneficial. It contains also valuable salts, and it is particularly rich in vitamins. In short, milk is one of the very best and most economical food-stuffs which can be provided for children.

XII. SCHOOL BATHS.

None of the Elementary Schools in the district have been provided with baths, but the older children from all the schools have the privilege of attending the Corporation Baths during the summer months. Time Tables have been arranged whereby groups of children from the various schools attend at fixed times every week, and the cost of admission is borne by the Education Authority. The total attendance during last year was—Boys 24,730, and Girls 14,446. When

attending the baths the children are always accompanied by one or more of their teachers, and at the baths they receive instruction in swimming from two swimming experts. To encourage them to become proficient in swimming various competitions are arranged, and the following prizes are competed for annually—

Leadbitter Knott Challenge Cup: For individual competition amongst Hyde School Girls.

Shepley Challenge Cup: For individual competition amongst Hyde School Boys.

The Brogden and Fowden School Challenge Shield. For team swimming competitions amongst the Hyde Elementary Schools (boys).

In addition the Baths Committee grant 30 free season tickets, entitling the holders to the use of the Corporation Baths. These are competed for annually.

XIII. CO-OPERATION OF PARENTS.

The great majority of parents in the district take a keen interest in the school medical examinations, and give every encouragement by their eagerness to learn all they can about the physical condition of their children and by their ready acquiescence in carrying out any suggested line of treatment. At the school inspections during the past year 839 parents were in attendance, and a still larger number attended the school clinic to seek advice regarding the progress of their children or to discuss difficulties which had arisen. Parents are specially invited to be present at the school inspections if they know, or have reason to suspect, that their children are in any way defective.

XIV. CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS, ETC.

Teachers continue to show a keen interest in the findings of the School Medical Inspections, and to render valuable assistance on all possible occasions. They are called upon to perform many little services in connection with the school inspections, whilst their intimate knowledge of the children and their family histories is a valuable source of information which is often utilised. Probably the most conspicuous service they render to the School Medical Service and to Public Health work generally is the practical way in which they endeavour to carry out the Board of Education instructions in regard to Hygiene. By insisting upon the children coming to school with clean clothes, faces and hands, and by urging them to cultivate clean habits, they are instilling into the children's minds the principles of healthy living. The excellent arrangements made by some of the teachers to meet the physiological requirements of the very young children who are attending the schools were referred to in last year's report. The suggestion made by the Education Committee that somewhat similar arrangements should be attempted at all the schools received ready acquiescence, and schemes for providing sleeping accommodation and supplying milk, or other food, have now been put into operation at every school.

Co-operation between the School Attendance Officer and the Medical School Staff is carried out in every way possible. The fact that his office is in the same building facilitates close co-operation, and lists are given to him daily of all children who are excluded from school on medical grounds.

XV. CO-OPERATION OF VOLUNTARY BODIES.

There are quite a number of voluntary organisations in Hyde intimately associated with the social and physical welfare of the children, but special reference must be made to the Hyde Orthopaedic After-Care Committee, The Mayor of Hyde's Poor Children's Fund, The National Society for the Prevention of Cruelty to Children and The Lads' Club. These four bodies deal with entirely different problems, but each and all do much to alleviate the hardships and promote the happiness of children whose lives have been overshadowed by disease, poverty, or parental neglect.

The valuable work performed by the Hyde Orthopaedic After-Care Committee has already been referred to in describing the arrangements that are in operation for the treatment of crippling defects. This work is closely co-ordinated with that of the School Medical Service by the fact that your School Medical Officer is honorary Medical Officer to the Orthopaedic Committee.

The services conferred by the Mayor of Hyde's Poor Children's Fund have been described in previous reports. In addition to entertaining over 1,000 children at Christmas, this fund supplied during the year 398 pairs of new clogs, paid for the repair of 44 pairs, and supplied 2 surgical boots. The provision of footgear may seem a comparatively small service, but its benefits are by no means limited to the comforts conferred. Much disease and suffering owe their origin to damp feet, and we can be certain that in supplying so many pairs of clogs this fund is playing no small part in the local campaign for the prevention of disease.

A new feature of this organisation's activities, undertaken during the past year, was the sending of debilitated children to a convalescent home at Colwyn Bay. Six children were sent away for periods amounting altogether to 37 weeks;; of the 6 children 4 were sent at the expense of the Mayor of Hyde's Poor Children's Fund, and in the remaining 2 cases the cost was borne by the Hyde Tipperary League. The selection of cases for convalescent home treatment was left to your School Medical Officer, and although the numbers dealt with were small, a mere glance at the children before and after their holiday was sufficient to demonstrate the striking benefits which had been conferred on the children concerned.

The National Society for the Prevention of Cruelty to Children continued its most useful work during the year in safeguarding the interests of children who would otherwise have suffered through neglect. The local inspector, Mr. R. Wood, is always willing and anxious to co-operate with the School Medical staff, and to take immediate action, with as a rule excellent results, in every case of neglect reported to him.

Altogether 25 cases, involving 83 children, were dealt with by him during the past year.

The Hyde Lads' Club is an entirely new organisation. It was organised by the Chief Constable, Mr. J. W. A. Danby, and might be regarded as occupying in police work a somewhat similar position to that of the school medical service in medicine. The school medical service aims at the prevention of disease, whilst the Lads' Club has as its ultimate object the prevention of crime. By promoting healthy amusements and recreations and giving the boys new interests in life, it removes from them the evil temptations of the street corners, and encourages them to become useful and law-abiding citizens. The large membership, now 350, shows that it is proving most popular, and the continued enthusiasm which surrounds the movement is a guarantee that it is wielding an influence for good which must prove indelible.

XVI. SPECIAL SCHOOLS.

The term "special school" is usually applied to schools set apart for the education of children who are in some way defective, and are thereby incapable of receiving the full benefit of the ordinary elementary school education. There are no special schools of that kind in the Area, but the building known as "Werneth Lodge" is used as a special school for instruction in housewifery. The senior girls, in groups of 14, attend the school for periods of six weeks at a time, and they receive there a sound and most practical course of instruction in Cookery, Needlework, Laundry Work, and General House Management. During this period they attend on one afternoon each week the Maternity and Child Welfare Centre at Parsonage Street, where they are given short addresses and receive practical instruction in the care and management of babies. These lectures and demonstrations given systematically, claim a good deal of time, but the time so spent is spent profitably, for we have here the most valuable propaganda in Child Welfare work that can be undertaken. Information given in this way, supported by practical demonstration, becomes stamped so deeply on the memory that it is never likely to be forgotten, and even if a little of it does filter away as the years roll along, there must be an impression left behind regarding the importance of proper methods and regular habits which can never be obliterated.

Although there are no special schools for dealing with defective children, provision is made by the Local Authority for the education of all educable children who are defective within the meaning of the Elementary Education (Blind and Deaf) Act, 1893, and the Elementary Education (Defective and Epileptic) Acts, 1899 and 1914. During the past year seven children have been receiving their education in special schools at the expense of the Local Education Authority. One boy is attending the Henshaw Blind School, Manchester; another boy is being educated at the Pontville Special School, Ormskirk, which deals specially with mentally defective children; whilst five children are attending the Royal Residential Schools for the Deaf in Manchester.

XVII. NURSERY SCHOOLS.

There are no nursery schools in the area, but children are admitted from three years of age upwards, and so there is a "Baby Class" at each of the schools. The necessity for opening the school doors to children of such tender years has already been referred to in earlier reports, and in last year's report it was pointed out that the requirements of these young children, which are so different from those of older children, may easily be overlooked. Attention was specially directed to the need for more rest and to the benefit to be derived from a supply of milk, or other food, daily, whilst a detailed account was given of the arrangements then in operation at the various schools to meet these requirements. The schemes arranged by the teachers on their own initiative, and in most cases at their own expense, demonstrated that they are fully alive to the necessity for such arrangements, but the tabulated list showed a singular lack of uniformity throughout. At some schools no provision was made either for the supply of hot drinks, or for resting, whilst in one at least the arrangements for both were splendid. Equipment for resting varied from rush mats in some to excellent rest-beds in others. At most schools where food was provided a charge was made to cover the cost, but this varied from $\frac{1}{2}$ d. to $2\frac{1}{2}$ d. per week. In some cases food was provided for all children under five years, in others its supply was restricted to those who brought the stipulated amount of money. Obviously the accommodation available and other circumstances vary, and so the details of any schemes adopted cannot all

be alike, but the Education Committee recently considered the matter fully, and decided that some such provision is essential. In the matter of food, a drink of milk is specially recommended, and it has been indicated that no children must be debarred from participating in the benefits obtainable on account of poverty, for the Education Committee will accept responsibility for payment in cases of genuine hardship.

So far as rest beds are concerned, the Committee has agreed to supply all that are required, and at the time of writing a sufficient number has been ordered to complete the equipment of all the schools in this respect.

XVIII. SECONDARY SCHOOLS.

The only secondary school in the Area is the County Secondary School, which until recently had accommodation for 260 pupils. For several years this accommodation has proved quite inadequate, and extensions are now being carried out to increase the accommodation to 420. The medical inspection work of this school is carried out by the County Authority.

XIX. EMPLOYMENT OF CHILDREN.

In accordance with the Bye-Laws under the Employment of Children Act, 1903, and the Education Act, 1918, 33 children, all of whom were boys, were examined during the year. The nature of the employment was stated to be newsboy in 21 cases, errand boy in 8 cases, and milk distribution in 4 cases. All the children examined were found physically fit for the duties undertaken. As the working hours are limited to an hour in the morning and one in the evening, the duties are in no case arduous, whilst the few shillings earned are often of great service to the children themselves and to their parents, struggling in many cases to support large families on impoverished incomes.

XX. VACCINATION.

So much has been written in previous reports regarding the menace of Smallpox and the immunity against this disease conferred by vaccination that it seems unnecessary to discuss the matter again, except to point out how inadequately the school population as a whole is protected. The following figures show the percentage of children found to be vaccinated among the routine groups examined during the year:—

Group.	Number		Not		Percentage	
	examined.	Vaccinated.	Vaccinated.		Vaccinated.	
Entrants	535	153	382		28.6	
Intermediates	486	114	372		23.5	
Leavers... ..	453	152	301		33.5	
Total	1474	419	1055		28.4	

In view of the steadily increasing danger from small-pox, these figures can only be regarded as most unsatisfactory, but they have two redeeming features, one being that the total percentage of children vaccinated is higher than last year, and the other that, for the first time for several years, the percentage of entrants vaccinated is higher than that of the intermediates. Both of these points indicate that fewer parents are now objecting to have their children vaccinated in infancy, and that the swing of the pendulum against vaccination is moving in the opposite direction. Unfortunately the movement is slow, for the above figures show that little more than one quarter of the whole school population is protected by vaccination. We

have had no cases of smallpox in Hyde for many years, but we are treading upon thin ice, for with such an inadequately protected school population we may find ourselves almost at any moment plunged into a widespread epidemic. That danger threatens is shown by the fact that in Lancashire alone 942 cases were notified last year, and the following figures show the number of cases notified in England and Wales during the past 12 years:—

Year.	Number of cases notified.	Year.	Number of cases notified.
1917	7	1923	2483
1918	64	1924	3792
1919... ..	297	1925	5355
1920	263	1926	10158
1921	336	1927	14764
1922	973	1928... ..	12433

Every precaution that is possible is taken to prevent the introduction of infection by following up contacts, etc., but with present day methods of locomotion and facilities for travelling, no district can be regarded as isolated from its neighbours, and sooner or later infection is certain to be introduced into our midst. There are some who suggest that it should be possible to check the spread of smallpox, in the same way that Typhoid Fever has been almost banished, by improving sanitary conditions and paying special attention to water and food supplies, but all who have seriously considered the question realise that the only effective barrier to the spread of smallpox is vaccination. This has been illustrated by the history of every epidemic which has ever been recorded. Thus Dr. R. P. Garrow, reporting on a recent epidemic at Chesterfield, states, “The number of cases occurring in a house was determined not by the sanitary state of the dwelling, or the overcrowding therein, but by the number of unprotected individuals. In many houses every unvaccinated member of the household was attacked and removed to the Smallpox Hospital, while every member protected by vaccination escaped.”

MEDICAL INSPECTION RETURNS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections.

Entrants	535
Intermediates... ..	486
Leavers... ..	453
Total	1474

B.—Other Inspections.

Number of Special Instructions... ..	At Schools	923
	At Clinic.	1746
Number of Re-Inspections	At Schools	362
	At Clinic ,	2819

Table II.

A—Return of Defects Found in the Course of Medical Inspection, 1928

DEFECT OR DISEASE.	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition	40	..	13	1
Uncleanliness:	27	..	44	...
(See Table IV., Group V.)	...	...	...	...
Skin—				
Ringworm—Scalp	1	..	21	...
—Body ... ..	...	...	18	...
Scabies	3	...	9	...
Impetigo	26	...	183	..
Other Diseases (Non-Tuberculous) .	45	10	83	3
Eye—				
Blepharitis	20	...	41	...
Conjunctivitis	10	...	59	...
Keratitis ... ..	...	...	1	...
Corneal Opacities	1	2	14	2
Defective Vision (Excluding Squint)	81	107	126	92
Squint	21	45	31	33
Other Conditions	11	3	37	2
Ear—				
Defective Hearing	13	22	30	12
Otitis Media	18	...	91	1
Other Ear Diseases	3	3	26	1
Nose and Throat—				
Enlarged Tonsils only	14	204	48	128
Adenoids only	3	46	14	27
Enlarged Tonsils and Adenoids	23	52	84	35
Other Conditions	41	15	264	6
Enlarged Cervical Glands (Non-Tuberculous)	25	253	39	96
Defective Speech	2	10	3	10
Teeth—				
Dental Diseases	29	...	10	...
(See Table IV., Group IV.)				
Heart and Circulation—				
Heart Disease—Organic	14	14	25	1
Functional	3	80	...	27
Anaemia	20	6	14	...
Lungs—Bronchitis	95	30	80	4
Other Non-Tuberculous Diseases .	12	57	43	29
Tuberculosis—Pulmonary—				
Definite	1	...	..	...
Suspected	1	...	7	..
Non-Pulmonary—				
Glands	2	...	3	...
Spine ... ..	...	...	1	...
Hip ... ..	...	...	...	...
Other Bones and Joints ... ..	...	..	2	...
Skin ... ..	...	...	...	..
Other forms ... ..	...	...	3	..
Nervous System—				
Epilepsy ... ..	...	...	1	..
Chorea	2	...	8	...
Other conditions	1	2	5	2
Deformities—				
Rickets	12	4	12	4
Spinal Curvature	17	...	4	1
Other forms	22	57	30	29
Other Defects and Diseases	56	42	402	20

TABLE II.—Continued.

B. Number of individual children found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Group.	Inspected.	Number of Children Found to require treatment.	Percentage of Children found to require treatment.
(1)	(2)	(3)	(4)
CODE GROUPS:—			
Entrants	535	192	35.7
Intermediates	486	196	40.3
Leavers	453	150	33.1
Total (Code Groups)	1474	538	36.4
Other Routine Inspections	—	—	—

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Tot.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elementary Schools	—	—	—
		At other Institutions... ..	—	—	—
		At no School or Institution	—	—	—
		Attending Certified Schools or Classes for the Blind	—	—	—
Deaf (including deaf and dumb and partially deaf).	(ii) Suitable for training in a School or Class for the partially blind.	Attending Public Elementary Schools	1	2	3
		At other Institutions	—	—	—
		At no School or Institution... ..	1	—	1
		Attending Certified Schools or Classes for the Deaf	3	2	5
		Attending Public Elementary Schools... ..	1	—	1
Mentally Defective.	(i) Suitable for training in a School or Class for the totally deaf or dumb.	At other Institutions... ..	—	—	—
		At no School or Institution	—	—	—
		Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	2	1	3
		At other Institutions... ..	—	—	—
Epileptics.	(ii) Suitable for training in a School or Class for the partially deaf.	At no School or Institution	—	—	—
		Attending Certified Schools for Mentally Defective Children	1	—	1
		Attending Public Elementary Schools	8	16	24
		At other Institutions... ..	—	—	—
		At no School or Institution... ..	—	1	1
	Feeble-minded (cases not notifiable to the Local Control Authority).	Feeble-minded	—	—	—
		Imbeciles	—	—	—
		Idiots	—	—	—
		Attending Certified Special Schools for Epileptics	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
	Notified to the Local Control Authority during the year.	Attending Public Elementary Schools	—	—	—
		At other Institutions... ..	—	—	—
		At no School or Institution	—	—	—
		Attending Certified Special Schools for Epileptics	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
	Suffering from severe epilepsy.	Attending Public Elementary Schools	—	—	—
		At no School or Institution	1	—	1

			Boys.	Girls.	T'l.
Epileptics.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	1	1	2
		At no School or Institution	—	—	—
Physically Defective.	Infectious, pulmonary, and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis.	At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
		At Certified Residential Open Air Schools	—	—	—
	Delicate children, e.g., pre-latent tuberculosis, malnutrition, debility, anaemia, etc.	At Public Elementary Schools	31	27	58
		At other Institutions	—	—	—
		At no School or Institution	2	2	4
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary School	5	8	13
	Active non-pulmonary tuberculosis.	At other Institutions	—	—	—
		At no School or Institution	2	—	2
		At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Public Elementary Schools	56	51	107
		At other Institutions	—	—	—
		At no School or Institution	—	1	1

TABLE IV.

Return of Defects Treated During the Year Ended 31st Dec., 1928.

TREATMENT TABLE.**Group 1.—Minor Ailments (excluding Uncleanliness).**

Disease or Defect.	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm—Scalp	22	—	22
Ringworm—Body	18	—	18
Scabies... ..	9	3	12
Impetigo	195	14	209
Other Skin Diseases... ..	80	46	126
MINOR EYE DEFECTS... ..	160	32	192
MINOR EAR DEFECTS	160	18	178
MISCELLANEOUS:—			
(e.g. minor injuries, bruises, sores, chiblain, etc.)... ..	269	12	281
Total	913	125	1038

TABLE IV.**Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)**

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme.	Otherwise.	Total.
Errors of Refraction (including Squint). 221	5	9	235	
Other Defect or Dis- ease of the eyes (ex- cluding those recorded in Group I). —	—	—	—	—
Total	221	5	9	235

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	208
(b) Otherwise	14

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	204
(b) Otherwise	14

TABLE IV.

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's scheme.	Total.	Received other forms of treatment.	Total number treated.
82	7	89	306	484

Group IV.—Dental Defects.

(1) Number of Children who were:—	(2) Half-days devoted to:
(a) Inspected by the Dentist:—	Inspection 15
Aged:	Treatment 153
Routine Age Groups:	—
3 23	Total 168
4 77	(3) Attendances made by
5 211	children for treat-
6 365	ment 1764
7 451	(4) Fillings:
8 483	Permanent Teeth . 338
9 222	Temporary Teeth . 75
10 155	—
11 127	Total 413
12 148	(5) Extractions:—
13 118	Permanent Teeth . 328
14 24	Temporary Teeth. 2172
Total 2404	—
Grand Total 2817	Total 2500
(b) Routines 1582	(6) Administrations of
Specials 413	general anaesthetics
—1995	for extractions—
(c) Routines 827	General. 103
Specials 406	Local 1238
—1233	—
(d) Re-treated during the year as	Total 1341
the result of periodical exam-	(7) Other Operations:—
ination 531	Permanent Teeth .. 87
	Temporary Teeth . 1
	—
	Total 88

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses...	2
(ii.) Total number of examinations of children in the Schools by School Nurses...	8872
(iii.) Number of individual children found unclean	195
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921	Nil.
(b) Under School Attendance Bye-Laws	Nil.

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